

To register for a class, please print out this form and mail it along with a check for the class fee to: Yoga Body & Mind, LLC, P.O. Box 221, Weare, NH 03281. Your payment must be received at least a week in advance.

Name: _____	Date: _____
Phone: _____	Email: _____
Street: _____	City, State, Zip: _____
Date of Birth: _____	Occupation: _____
In Emergency Notify (Name): _____	(Relationship) _____
(Tel) _____	how did you hear about us: _____

Are you pregnant? _____

Do you have: a pacemaker? _____ Metal rods, pins, joint replacements? _____

Where? _____ Date of procedure (s)? _____

Medical information (check all that apply and write date):

- | | | |
|--|--|--|
| <input type="checkbox"/> allergies/hay fever | <input type="checkbox"/> heart condition | <input type="checkbox"/> chronic fatigue |
| <input type="checkbox"/> asthma | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> cancer | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> hernia (what type?) |
| <input type="checkbox"/> bulging or herniated disc | <input type="checkbox"/> psychological treatment | |
| <input type="checkbox"/> degenerative disc disease | <input type="checkbox"/> seizures | |
| <input type="checkbox"/> fused vertebrae | <input type="checkbox"/> arthritis (where?) | |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> osteoporosis (where?) | |

Additional information not listed above:

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List Injuries/car accidents/hospitalizations/surgeries with dates:

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Please indicate the class you are signing up for: _____

Thank you for your cooperation!