

CoyDog Botanicals & Yoga

Client Registration Form

Your information is kept confidential and used only for the purpose of understanding your needs as an individual and to reach you in the event of class changes or cancellations.

Legal Name _____ D.O.B. _____

Preferred name (if any) _____

Address _____

Phone Number _____

Email: _____

Emergency Contact Name _____

Contact's Phone Number _____

Are you currently on medication? Yes / No

If YES, please describe: _____

Check any that apply

- | | |
|--|--|
| <input type="checkbox"/> Heart problem of any type | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Detached Retina |
| <input type="checkbox"/> Arthritis, Bone or Joint problems | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Back Injury |
| <input type="checkbox"/> Neck Injury | <input type="checkbox"/> Knee Injury |
| <input type="checkbox"/> Surgery of any kind | <input type="checkbox"/> May be pregnant |

If YES, please describe _____

Please describe in detail below any other health or medical conditions that you believe may be helpful for your instructor to know, including any concerns you have relative to your participation in classes and programs at CDBY.

Have you recently:

- Sought Therapy/Counseling Had surgery
 Attended Physical Therapy

<p>OFFICE USE ONLY Date/First class _____ Ref/Sponsor _____</p>
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BALANCE

Balance is not about staying still;
it's about constant movement.

-Unknown

Release and waiver of liability:

I agree to the following:

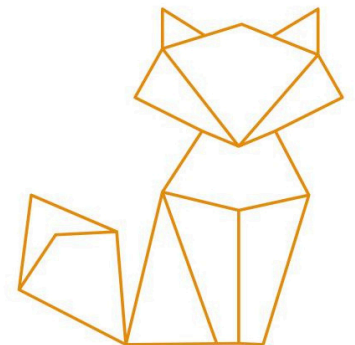
1. The information I provided on this form is complete and accurate.

2. I understand that exercising involves risk of injury; I agree to be solely responsible for any injuries sustained by me as a result of my participation. I am fully aware of my risks involved.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any fitness or yoga class offered by CDBY. I represent and warrant that I have no medical conditions that would prevent me from participation in classes. I assume full responsibility for any injuries, known or unknown, which I might incur as a result of participating in classes. I knowingly, voluntarily, and expressly, waive any claim I may have against CDBY for injuries or damages that I may sustain as a result of participating in classes.

Signed: _____

Date: _____



CDBY
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