

Stephanie Kincade, Yoga Intake Form

PLEASE PRINT

Name: _____ Date: ____/____/____

Address: _____ Prov.: _____ City: _____

Postal Code: _____ - _____ Country: _____ Email: _____

Phone No.: (cell) _____ (home) _____ (work) _____

Occupation: _____ Is this your first yoga class? _____

How did you hear about me? _____

Please list any injuries or special circumstances you have (if any) that may affect your ability to practice. Have/are you receiving therapy or treatment?

What does your current yoga practice look like (if you have one)? (how often do you practice?)

What are your goals/intentions for developing your yoga practice?

Is there anything else you'd like to tell me?

I understand that yoga can be a physically strenuous exercise and I am participating with full acknowledgment that I am ultimately responsible for my own health and safety. I have also shared all pertinent health information with my instructor to ensure that my safety is a priority. I agree that neither I nor anyone acting on my behalf will make any claims whatsoever against my instructor or any associated studio space or wellness centre. I agree to pay in full for services rendered in advance of or at the completion of my session/class.

Client Signature _____ Date _____