



BABY'S BEST

Beginning

Health History Form

Name: _____ Birth date: _____

Street: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Would you like to be on our mailing list? YES NO **IF YES:** Postal Email Both

Are you on any medication? What is it for? _____

Do you have, or have you had any of the following conditions within the last year?

- | | | |
|--|--|---|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Heel spurs |
| <input type="checkbox"/> PMS | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tennis elbow or other overuse syndrome |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Surgery | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Smoking habit | <input type="checkbox"/> Seizures or loss of consciousness |
| <input type="checkbox"/> Lung problems | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Joint problems | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Pregnancy / Which trimester? |

Please explain any checked items:

What are your major goals for participating in a yoga program?

- | | | |
|---|--|---|
| <input type="checkbox"/> Stress reduction | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Muscle-toning |
| <input type="checkbox"/> Coordination | <input type="checkbox"/> Weight control | <input type="checkbox"/> Help with depression/anxiety |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Energy and vitality | <input type="checkbox"/> Healing |

To help us know you better, use the space below to tell us something about the work you do, your hobbies, previous yoga or exercise experience and anything else you think may be relevant to your yoga practice with us:

How did you find out about us? Another client: _____ Word of mouth: _____ Website/Online: _____

Print advertising: _____ Picked up a schedule or flyer-where: _____ Yelp: _____ Amazon: _____

Groupon: _____ Perkvill: _____ Living Social: _____ Facebook: _____ Other: _____

I, _____ (participant), hereby agree to the following:

I am aware that participation in various forms of Yoga, Pilates, Reiki, and other programs, workshops or therapies may result in accident or injury, and I assume the risk connected with participation in these therapies/programs/methods. I represent that I am in good health and suffer from no physical impairment that would limit my participation in classes, workshops, and/or private instruction at Yoga on High's facilities. I agree to inform my instructor/teacher of any physical limitations, discomfort and/or injuries before or during class and I take full responsibility for nondisclosure. I acknowledge that Yoga on High has not and will not render any medical services including medical diagnosis of my physical condition. I specifically agree that Yoga on High, its officers, employees, teachers, assistants, and independent contractors shall not be liable for any claim, demand, or cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any exercise or activity within or without Yoga on High's premises, and I agree to hold Yoga on High harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and condition stated above.

(Print Name)

(Signature)

(Date)

(Guardian's Signature)