

Name			
Date of birth	Year	Month	Day
Home Phone		Cell Phone	
Work Phone		Alternate Phone	
Parent or Gaurdian (if under 16yrs)			
Parent or Gaurdian (secondary contact)			
Email			
Alternate Email			
Emergency Contact			
Relationship		Phone	
Doctor's Name			
Doctor's Address			
Doctor's Phone			

Please detail any physical aches, pains, or injuries :

--

If you are currently under the care of a doctor, please provide details:

--

Have you suffered from any of the following? (check all that apply)

<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Stress	<input type="checkbox"/> Stroke
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Shoulder Pain	<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Headaches
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Neck Problems	

### Consent to participate policy

I/we, the undersigned, agree to register the person named below for the program being offered by Centre for Well Being. I/we agree to release the instructors/owner and any associates with Centre for Well Being should any injury occur on or outside the premise while participating in programs being offered not limited to those of yoga, meridian stretch and strength, self defense and other. The undersigned agrees to pay for the program in full and understands there is no refund for any reason. In the case of personal injury the undersigned and/or registrant agrees to indemnify and hold harmless Centre for Well Being and instructors from all losses caused by the accident or injury to the undersigned and/or registrant in the event that the undersigned and/or registrant is injured in any way during the performance and execution of the exercises. The undersigned and/or registrant acknowledges that it is recommended to seek the advice of a medical professional before starting any new physical program.

Program (please print)	
Registrant's Name (please print)	
Signature	
Date	
Name of Parent or Gaurdian (if under 16yrs)	
Signature	
Date	