

Yoga Class Registration
with Instructor: Paula Carnegie Fehr
Via Zoom Online Format

SESSION DATES Which session are you registering for?

CLASS TIME Please circle: 9 - 10:30 am, 1:30 - 3 pm

PERSONAL First Name:
Last Name:
My age is 18 years or older: Yes No

ADDRESS Street Address:
City & Province:
Postal Code:
Phone:
Email:

INJURIES, MEDICAL CONDITIONS, ALLERGIES
List any relevant & current Injuries or Medical Conditions including Allergies:

SPECIAL ADAPTATIONS
List any Special Adaptations needed to accommodate you in this class:

EMERGENCY CONTACT INFO
Full Name:
Relationship: Phone:

CLASS WAIVER & SAFETY DECLARATION:
To the best of my knowledge, I am in good health and there are no medical reasons why I should not participate in this class. I agree to abide by the rules & regulations put forward by this instructor. I hereby release the Instructor of this class and any associated organizations including the NHPC, YAA, YA, and IAYT from any and all claims I might otherwise have for personal injury or property damage arising out of my involvement in this class whether due to negligence of the Instructor of this class or any associated organizations or persons.

I agree to the above Class Waiver & Safety Declaration: Yes No

SIGNATURE Participant Name:
Signature of Participant:
Date:
Instructor / Witness Name: Initial: