

SCHOOL OF YOGA TEACHING
STUDENT REGISTRATION FORM

EMERGENCY CONTACT INFORMATION #1

EMERGENCY CONTACT INFORMATION #2

Last Name: _____
 First Name: _____
 Relationship: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Last Name: _____
 First Name: _____
 Relationship: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

MEDICAL INFORMATION	DISEASE(A)	DISEASE(B)	DISEASE(C)	DISEASE(D)
GENERIC				
STRESS RELATED:				
LIFE STYLE:				
DIET BASED:				
SMOKING				
OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SOLELY CONFIRMATION

I understand that the School of Yoga Education is solely depend on situation of medical based occupancy. I here by declare that all the given information is true and I am responsible for all happenings.

Yoga Therapist Name: _____ Phone: _____

Chief Yoga instructor Name: _____ Phone: _____

Grade _____

Yoga Kit Required? Yes No

If you suffers from allergies/conditions, life-threatening or non-life-threatening, please complete the following as appropriate:

- Medical Alert Planning Form
- Anaphylaxis Emergency Action Plan/Form
- An Epi-Pen Emergency - Transportation Emergency
- Asthma Care Plan
- Seizure Follow-Up
- Request for Administration of Medication at yoga centre
- Diabetes Care Plan
- Self-Administered Medication

