

8 Limbs Yoga Retreat Registration & Health Form

Name: _____ DOB: _____

Home/Cell Phone: _____ Work Phone: _____

Address: _____

State: _____ Zip Code: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

If you have experienced physical or psychological trauma or life change in the past year (for example injury, surgery, car accident, loss of loved one), we ask that you consult with your health care provider before deciding if this retreat is appropriate for you. If you are currently or have recently stopped taking medications, and/or if you have a history of mental illness we also ask that you check with your health care provider about appropriate self-care you would need to implement in order for this retreat to be safe and appropriate for you.

Do you have any other conditions that could affect your yoga practice and/or retreat experience? (This could include pregnancy.)

Yes No If yes, please describe:

Do you have any dietary restrictions? If so please list:

Information from this form will be shared with retreat instructors prior to the retreat. To serve your better ~ if there is any other information we need to know about you, please note on the back of this page.

Thank you!

Student Signature

Date