



**M O V E M E N T
S Y S T E M S**
Physical Therapy, P.S.
(206) 405-1864 (206) 405-4376 fax



Yoga Registration

Participant _____ **Today's date** _____
Last name **First name** **MI**

Address _____
Street **City** **State** **Zip**

Email _____ **May we contact you via Email** **Yes** **No**

Phone _____
Home **Work** **Mobile**

Questions: Please complete the following questions.

1. Please explain the primary physical limitation(s) you are currently experiencing.
(Please include your physical therapy diagnosis or impairment if known)

2. When do you get your symptoms? What movement(s) is a problem? Do you get pain or signals **while** you are doing something or do you get pain well **after** you have finished or both?

3. Please describe any other past or current problems that also may be relevant to doing yoga.

4. Describe any previous yoga experience you have had.
(Please include the style of yoga if known)

5. What do you hope to gain from this class?

6. Do you have any other questions or concerns?

7. Do you give permission for the yoga instructor to speak with your PT about your symptoms? If so, please list your PT. Please give enough time to allow this conversation to occur!

Waiver: Please read and sign:

I hereby agree to the following:

1. I am participating in yoga classes during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my participation in yoga classes.
3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Movement Systems Physical Therapy, P.S.

____ I have read the above release and waiver of liability and fully understand its contents and I voluntarily agree to the terms and conditions stated above.

Signature

Date

Printed Name

Refund Policy

Our class size is small and we guarantee you a spot upon registration. If you need to cancel, we appreciate as much lead time as possible so that those on the wait list can be contacted. Cancellations can be made by phone 206-405-1864 or email info@movementsystemspt.com

Cancellations 2 weeks prior to the session will be granted full refund. Cancellations less than 2 weeks prior to the class will be charged a 20% processing fee. Cancellations made less than 48 hours prior to the class will be charged a 50% processing fee. No refunds are provided once the series has commenced. Missed classes can be retaken at the discretion of the instructor.