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## **YOGA REGISTRATION AND POLICIES**

(Please read through all of the policies before registering, thank you!)

**How To Register:** To sign up for yoga classes, please fill out the Registration and Health Forms that follow this page. All new students please also fill out the Waiver Form (continuing students don't need to fill this out again). Please mail or drop off the forms with your payment.

**Class Sessions:** We group our classes into session periods rather than offering open drop-in classes (except as mentioned below). If a session has already started, you may be able to join on a pro-rated basis if space is available. Please call to discuss.

**Drop-In Classes:** Single drop-in classes are available for those who want to try out a class before signing up for a session. Please call to schedule a drop-in class, to make sure there is space available.

**Payment:** Class size is limited to a maximum of five students. Payment is due in full at the time of registration in order to reserve your space.

**Refunds:** Full refunds are given if you withdraw at least one week prior to the start of the session. We can't give any refunds after this. Sorry, but this policy is firm.

**Gift Certificates:** Gift certificates are available in any denomination and they never expire! So if your special someone is already taking a class, they can use the gift certificate anytime in the future.

**Props:** Mats, blocks, straps, chairs, and blankets are provided by the studio - you just need to bring yourself! However, if you have your own props that you prefer to bring, you're more than welcome to do so.

**Holidays:** If a holiday occurs on a class day, we will set a make-up date that works for everyone. Holidays include New Years Day, Memorial Day, 4th of July, Labor Day, Rosh Hashanah, Yom Kippur, Thanksgiving, and Christmas Day.

**Canceled Classes:** If classes need to be canceled due to weather or any other reason, we will set a make-up date that works for everyone. If we are unable to do this, a refund or credit will be given for the canceled class. All yogis will be notified of cancellations by phone and email as early as possible.

**Missed Classes:** If you need to miss a class for personal reasons, you can make up the class anytime during the current session. You may make up your same class or a different class. Please call to schedule make-up classes, to make sure there is a space available. Sorry, no refunds for missed classes or private sessions.

**Illness:** As much as we will miss you, if you aren't feeling well, please be good to yourself and stay home and rest! Don't push yourself too hard, you can always make up the class later. And since it's a small studio, we don't want others to become sick also.



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## **YOGA REGISTRATION AND POLICIES, CONTINUED**

**Injuries and Ouchies:** Each week, please let us know of any new injuries, aches, or pains that have occurred since the previous class. This helps us to modify the yoga poses so the condition doesn't get aggravated. We still receive benefits from the poses even when modified, so we don't feel like we have to "bite the bullet" and work through the pain!

**Tootsies:** Stability during yoga poses is best achieved with bare feet. This allows firm contact with the mat, prevents slipping, and also lets us visually check in with our feet to make sure our positioning is correct. So let's plan to leave our socks and shoes at the door.

**Yoga Kitties:** The studio is home to three fabulous feline yogis - Cassandra, Athena, and Marshmallow. They don't practice with us during class, and the studio is kept very clean; but those with allergies may still be affected. If this is an issue for you, please call for recommendations on other local kitty-free studios!

**Privacy Policy:** All student health and personal information is kept confidential and is not shared with anyone.

Scroll down for Registration, Health, and Waiver forms > > > > > >



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## **YOGA CLASS REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday (Year Optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Class #1:** \_\_\_\_\_

Session (Check one): \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter

Day/Time: \_\_\_\_\_

Second Choice Day/Time: \_\_\_\_\_

**Class #2:** \_\_\_\_\_

Session (Check one): \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter

Day/Time: \_\_\_\_\_

Second Choice Day/Time: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method (check one): \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ PayPal \_\_\_\_\_ Gift Certificate  
(Please make checks payable to Loving Hands Yoga and Reiki. Please do not mail cash!)

Please note that class size is limited to five students per class. Your space in class will be reserved when your payment is received. If your first choice day/time is unavailable, we will schedule you for your second choice day/time, and we will let you know.

*Thanks for practicing yoga with us!*



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**HEALTH INFORMATION FORM**  
(Continuing students may write “no change” where appropriate)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please describe your current exercise program and frequency: \_\_\_\_\_

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Please describe your current level of health, strength, and flexibility: \_\_\_\_\_

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Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries, and mental health challenges you have had, and the dates for each:

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Please list all prescription and non-prescription medications you are taking: \_\_\_\_\_

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What has your doctor advised you to avoid? \_\_\_\_\_

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What has your doctor advised you to do more of? \_\_\_\_\_

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Please describe your reasons and goals for taking yoga classes: \_\_\_\_\_

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Do you have previous yoga experience (check one)? \_\_\_\_\_ Yes \_\_\_\_\_ No

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If so, please describe your experience and dates/length of time: \_\_\_\_\_

**Please Note: It is recommended that you consult with your physician prior to starting any new exercise program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thanks for practicing yoga with us!*



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## **RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, (print name) \_\_\_\_\_ understand that I will be participating in a formal exercise program incorporating yoga methods and exercises into the class format. I understand that my instructor is fully trained and certified through the YogaFit International Training Systems to teach the types of classes I will be taking.

I understand that I am expected to pace myself during my workout, and have been reminded to challenge myself but not to do any exercise or movement that causes discomfort or pain. I agree to work at my own pace, taking breaks as often as I need to; and I will choose to do or not do an exercise based on my own knowledge of my current health and fitness level.

I have filled out the Health Information Form completely, and have listed all health challenges that I am currently facing prior to starting this exercise program. I will alert my instructor of any new injuries or health conditions that may occur later. I will also alert my instructor during class if any of the exercises cause me discomfort or pain. I understand that it is my responsibility to consult with a physician prior to, and regarding, my participation in yoga classes.

I understand that, by signing below, I knowingly and voluntarily expressly waive any claim which I may have against Loving Hands Yoga and Reiki and/or Judith Eugene for any injury or damages that I may sustain as a result of participating in any yoga class offered by Loving Hands Yoga and Reiki; either in the Loving Hands Yoga and Reiki studio or any other location; now or any time in the future.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thanks for practicing yoga with us!*