



11 - 2700 Montague Sreet
Regina, SK S4S 0J9
(Lower Level, Riverheights Shopping Centre)

306.569.8088

Registration form

New & Returning Students MUST complete a Registration form.

(circle one) Spring/ Summer/ Fall/ Winter Session (circle one) Returning / New Student

1st choice: _____

2nd choice: _____

Students: note name/day/time of class.

Name: _____

Address: _____ Postal Code: _____

Email: _____

Phone # Home: _____ Work: _____

Participant Questionnaire

This MUST be filled out each time you register for classes.

For most people physical activities should not pose any problem or health hazards. However if you have any physical or medical conditions that maybe aggravated by physical participation you should consult your doctor or medical advisor as to whether you should participate in this program. You must also inform your instructor.

1. Has your doctor ever said that you have any heart condition (other health condition) and that you should only do physical activity recommended by a health care professional? **Yes** ___ **No** ___
2. Do you feel pain in your chest or shortness of breath when you do physical activity? **Yes** ___ **No** ___
3. In the past month have you had any chest pain when you are not doing physical activity? **Yes** ___ **No** ___
4. Do you lose your balance because of dizziness or do you ever lose consciousness? **Yes** ___ **No** ___
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Yes ___ **No** ___ **Please specify** _____
6. Are you currently on any medications, for example, blood pressure, heart condition, etc.? **Yes** ___ **No** ___
Please specify _____
7. Do you know of any other reason why you should not participate in any physical activity? **Yes** ___ **No** ___
Please specify _____
8. Do you have a family history of heart disease? **Yes** ___ **No** ___

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9. Are you presently on a regular exercise program (3 to 5 days per week)? **Yes**___ **No**___
If so what type? _____

10. Are you diabetic? **Yes**___ **No**___

11. Are you pregnant? **Yes**___ **No**___ **Due Date**_____

NOTE: All pregnant women must bring note from their doctor.

12. Do you have a history of asthma or emphysema? **Yes**___ **No**___

13. Have you had surgery within the last 3 months? **Yes**___ **No**___

14. Please list any prescription or nonprescription medications you are taking and what they are for:

15. Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries or any physiatrist care you have had and the approximate dates:

16. Any other health concerns please specify: _____

17. What is your primary reason for taking this session/class?

18. List any experience with yoga, Pilates, stress management and/or meditation

Please check with your health professional prior to beginning yoga or pilates program.

**Every Day Sacred...Centre requests a medical note for all pregnant women
and a medical note may be requested from other students.**

- Registration forms must be completed & signed
- Full payment must accompany registration. Cash or cheques accepted
- Requests for refunds must be made in writing and delivered in person or by registered mail within 14 days after the date of registration. A full refund will be issued except for classes attended
- Classes after 14 days may be transferable but not refundable
- A full refund will be given in the event where Every Day Sacred...Centre cancels a class/workshop
- \$20.00 administrative fee on cancellations after 14 days
- \$20.00 charge on NSF

I have read and agree to the above conditions. I understand that I am solely responsible for my health, safety and well being. I hereby release Every Day Sacred... Centre from any and all responsibility for damages incurred by injuries received while participating in this program.

SIGNATURE: _____ DATE: _____