

Yoga Retreat Registration

June 14th-17th, 2018

Maplewood Inn, Bethlehem, NH

Dear Student:

Please complete these forms so we may review them before your visit allowing us to properly assess your personal needs. To secure your place in the retreat we will require payment by either check, cash, debit or credit card. Checks can be made out to Sarah Baumert and mailed to the address below. If you would like to pay by credit or debit card, contact me and I will send you an invoice. If you have any questions please feel free to ask. There will be a \$10 processing fee for all debit/credit card transactions.

PLEASE RETURN FORMS WITH **TUITION** PAYMENT TO:

Sarah Baumert
2412 32nd Ave S
Minneapolis, MN 55406

Please check all that apply:

Tuition deposit to secure your spot **\$250**
 CC processing fee **\$10** (payment made online)

To help place you in the room of your choice, please check which room you prefer. These payments will be made directly to Maplewood Inn.

Single Room \$687
 Double Room \$556
 Triple Room \$507

Are you coming with a friend or partner?/ If you are choosing a shared room, do you have preference of who you are sharing a room with?

General Contact Information

Name: _____

Email address: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Have you done yoga before?

If "yes" please elaborate type and amount of time practiced, and if you have taken class with Sarah or Debbie:

Emergency Contact:

Name/Relation: _____ Phone: _____

General Health Information:

Please check all conditions that apply:

Diabetes___ Hypoglycemia___ Chronic Headaches___ Migraines___ Low Blood Pressure___ High Blood Pressure___ Ulcers___ Epilepsy___ Arthritis___ Rheumatoid Arthritis___ Varicose Veins___ Asthma___ Hypertension___ Hernia___ Herniated/Bulging Disc/ location _____ Sciatica___ Scoliosis/ location _____ Digestive Disorders___ Immune Disorder _____ Heart Disease___ Pregnancy/ if yes list trimester _____ Fibromyalgia___ Chronic Back Pain/ location _____

Allergies (food/meds/please list):

Acute Pain/Discomfort:

Explanation of any sensitivities, disorders, or pain:

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:

Any other health information or concerns that I should be aware of?

STUDENT WAIVER AGREEMENT

I _____ (print name) understand that the yoga method includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sarah Baumert and Debbie Cohen.

Print name of student _____

Signature of student _____

Date _____

