



REGISTRATION & WAIVER FORM
YOGA & MEDITATION GROUP, Feb 27- April 2, 2020

Instructor: Mitu Singh (Ed.D), Registered Psychotherapist, Certified Yoga Instructor

Have you filled out a registration form from a previous class with Mitu Singh? If so, please only fill out any updates or changes, and then proceed to read and sign the weaver form.

****Please note, all of the information on this form is kept confidential**

FULL NAME	X
EMAIL ADDRESS	X
TELEPHONE #	X
FULL HOME ADDRESS	X
EMERGENCY CONTACT NAME & NUMBER	X
Best place to reach you for class updates or changes, Email or Telephone?	X
Have you practiced yoga before, YES/NO? If yes for how long?	X
Any physical injuries, limitations, or pain? Explain	X
Do you have any mental health vulnerabilities that you feel can trigger/worsen from yoga or meditation?	X
Do you have any pain or issues? (write put 'X' to all that apply):	Neck: Shoulder: Elbow: Hands: Wrists: Lower Back: Hips: Knees: Feet: Other (please note):

Waiver: If at any time during the class/group, you feel discomfort or strain, gently come out of the posture or practice. You may rest at any time during the class/group. It is important in yoga and meditation that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga/meditation is not a substitute for medical attention, examination, diagnosis, or treatment. I recognize that it is my responsibility to notify my group/class facilitator of any serious illness or injury before every class/group session. I will not perform any postures or practices to the extent of strain, pain, discomfort or danger: physical, emotional or psychological. I accept that neither the facilitator (Mitu Singh), nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from taking of the class/ attending the group.

If your unable to fill out signature, instructor will print out your emailed registration form and have you sign in class.

NAME: X

DATE: X

SIGNATURE: X

DATE: X

IN ORDER TO OFFICIALLY ENROLL IN THE GROUP/CLASS
PLEASE FILL OUT FORM AND EMAIL TO: mitupsychotherapy@gmail.com

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