

**Akupara Yoga Retreats**  
**Registration & Health History Form**

Please fill out the form below to help us insure that you have a safe and wonderful experience during your Akupara Yoga Retreat. Honest and complete answers to the following questions will allow us to offer you alternatives if there is a medical or common sense reason that you should refrain from participation in one of the planned excursions or classes.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number/Email Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Date of the Retreat** \_\_\_\_\_

**Payment: (please choose one)**

I sent a Check/Money Order # \_\_\_\_\_ I paid online with Paypal \_\_\_\_\_

**Roommate's name** (if you're attending the retreat with someone you want to share a room with, please provide his/her name) \_\_\_\_\_

**Please check either "yes" or "no" to each of the questions below. Provide an explanation for any "yes" response.**

Yes No

- 1) Has your doctor ever said you have heart trouble?
- 2) Do you frequently have pains in your heart and chest?
- 3) Do you often feel faint or have spells of severe dizziness?
- 4) Has a doctor ever said your blood pressure was too high?
- 5) Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
- 6) Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
- 7) Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?
- 8) Are you currently taking any prescription medications, drugs, or dietary supplements? If YES, please specify.
- 9) Do you currently have a disability or a communicable disease? If YES, please specify.

