Translations are machine generated. If you can contribute to improve, please contact ATA Admin.

English | 中文 | Español | Français | Deutsch | Italiano | Português | Русский

The Aquarian Teacher™ KRI Level One
STUDENT INTAKE QUESTIONNAIRE

Legal Name:

Spiritual (optional):

Date of Birth:

Address:

Phone number:

Email Address:

Emergency Contact (name/phone number): _____

YOGA EXPERIENCE

Have you practiced yoga before?

- ☐ Yes
- ☐ No

How long have you been practicing yoga? _____

How often do you practice yoga?

☐ Daily ☐ Weekly ☐ Monthly

Style(s) of yoga practiced most frequently: (mark all that apply)

☐ Hatha	☐ Power	☐ Kundalini
☐ Ashtanga	☐ Anusara	☐ Gentle
☐ Vinyasa/Flow	☐ Bikram/Hot Yoga	☐ Restorative
☐ Iyengar	☐ Forrest	☐ Yin
		☐ Other:_____

What are your goals/expectations for your yoga practice? What benefits are you looking for?
(mark all that apply and explain)

☐ Strength training	☐ Alternative therapy	☐ Increase well-being
☐ Flexibility	☐ Improve fitness	☐ Injury rehabilitation
☐ Balance	☐ Weight management	☐ Positive reinforcement
☐ Stress relief		☐ Other: _____

Explain:

Personal Yoga Interests: (mark all that apply)

- ☐ Asana (postures)
- ☐ Pranayama (breath work)
- ☐ Meditation
- ☐ Yoga Philosophy
- ☐ Other: _____

LIFESTYLE & FITNESS

How do you rate your current level of physical activity? (mark one)

- ☐ Sedentary/Very Inactive
- ☐ Somewhat Inactive
- ☐ Average
- ☐ Somewhat Active
- ☐ Very Active

On a scale of 1-10, (1 is lowest, 10 is highest) how would you rate your level of stress?

1 2 3 4 5 6 7 8 9 10

PHYSICAL HISTORY

Please review this list and indicate any applicable health conditions, current or past.

- ☐ Broken/dislocated bones
- ☐ diabetes type 1 or 2
- ☐ pregnancy (EDD_____)
- ☐ muscle strain/sprain
- ☐ high/low blood pressure
- ☐ surgery
- ☐ arthritis, bursitis
- ☐ insomnia
- ☐ seizures
- ☐ disc problems
- ☐ anxiety/depression
- ☐ stroke
- ☐ scoliosis
- ☐ asthma, short breath
- ☐ heart conditions, chest pain
- ☐ back problems
- ☐ numbness/tingling anywhere
- ☐ autoimmune condition (explain)
- ☐ osteoporosis
- ☐ cancer (explain)
- ☐ Other

EXPLAIN:

Are you currently taking any medications?

- ☐ Yes
- ☐ No

If YES, please list medications and reason for taking:

In the space below, please describe any other health condition or circumstance that could be relevant to yoga practice or that you wish to share:

If questions or doubts arise due to any of these questions, you may want to reach out to us specifically about a health issue.

STUDENT ACKNOWLEDGEMENT

I understand that all exercise programs, including yoga, present some risk of injury. By signing below, I affirm that I am solely responsible for my health and well-being and for my decision to practice yoga or any other program of physical exercise. I agree to notify my yoga instructor regarding any activities, movements, or postures that I believe could cause me to injure myself. I affirm that I do not have any physical or mental conditions or challenges that would limit or preclude my participation as a yoga student or in any exercise program. If in doubt about any physical or mental situation, I will consult my physician. I agree to indemnify, hold harmless, and covenant not to sue my yoga instructors and their affiliated organizations for any injury, loss, or damage to persons or property sustained as a result of my participation in this class. I agree to listen to my body and monitor myself during every class session. I understand that the use of non-prescription drugs, alcohol, tobacco and other substances that may alter my physical or mental state should not be used during the practice of Kundalini Yoga. During all of KRI Teacher Trainings, the use of the above-mentioned substances is prohibited.

Signature: _____ Date: _____