

# Yoga with Nicole

## Mindfulness: Add Meaning to Your Life

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902-308-6000

*Certified Hatha Yoga Instructor*

### **Physical Activity Readiness Questionnaire & Registration Form**

Name: \_\_\_\_\_ Phone:(w) \_\_\_\_\_ (h) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

Please list any physical conditions (including injuries) that might limit your participation in physical exercise.

Are you taking any medication? Please list.

For what conditions? Please list.

Please check any of the following that might apply to you:

- |                                    |                                   |  |   |                                 |
|------------------------------------|-----------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Chronic sinuses | <input type="checkbox"/> Low blood pressure       | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Ulcers    | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypoglycemia    | <input type="checkbox"/> High blood pressure      |                                 |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Heart trouble   | <input type="checkbox"/> Pregnant/due date? _____ |                                 |

Please state any goals or questions that you may have prior to beginning a Yoga Class.

Please state previous yoga experience, if any.

How did you find out about Yoga with Nicole?

Do you have any dietary restrictions or needs?

Do you have any allergies that may be exacerbated by participating in this workshop?

(Over)

**Agreement:** Yoga is educational and each student is responsible for his or her own health, safety and well being while participating. Students hereby agree to inform instructors of any activity that cannot be safely performed and will not perform any activity that is likely to cause injury. The student agrees to hold instructors free from any and all responsibility for any injury that may be sustained during or as a result of classes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please bring:

- Yoga mat
- Small pillow (throw pillow)
- Any other yoga props you like to use
- Suitable foot wear and clothing for walking outside
- Sunscreen, bug spray, etc for being outside
- Umbrella or rain gear (we go outside rain or shine)

Guidelines:

- Please arrive a 10-15 minutes early. We start at 9am sharp.
- If you bring a phone, please shut it off or put it in airplane or do not disturb mode.
- Please be kind and respectful of everyone we encounter.
- Please be open minded and willing to participate.
- Please check out before 9am. The hotel can store luggage while participants are in the workshop.
- The workshop is nonrefundable. In the event that you cannot attend, your spot can be sold to someone else if enough advance notice is given.

Schedule:

**Saturday – September 15, 2018**

6.30-8.00pm – Optional mixer in Churchill's Lounge at Digby Pines – cash bar and restaurant menu

**Sunday – September 16, 2018**

Day begins at 9.00am

Intro

Yoga

Body Scan

Mindfulness

Mindful eating snack

Outdoor mindfulness walk& meditation (less than 1 km, very easy stroll)

Mindful eating Lunch in Churchill's

Debrief and evaluations