

Integrating Remedial Exercise  
Registration Form

Name: \_\_\_\_\_

This course is designed to teach in-house and homecare patient tools, using yoga therapy as resistance exercise, as mindfulness exercise and as a way to stimulate the autonomic nervous system. How to guide RMTs and yoga teachers in how to integrate these tools into their practice. We will refer to research and evidence based interventions to design the most effective protocols for remedial exercise and homecare. Yoga interventions will target key areas and conditions both MSK and systemic. Principles learned may be applied to other forms of therapeutic movement.

Open to all HCPs, Yoga teachers and students. All practice styles are welcome, however this course will be taught from an Iyengar perspective. It is suitable for yoga teachers, students and health care providers with an interest in the benefits of yoga and a desire to study or review anatomical applications.

Please answer the following questions and return this form along with your payment.

***This course is not designed to address your individual health issues nor is this course a yoga vacation, it is designed to meet Continuing Education criteria.***

1. Are you a: (check all that apply)

Yoga Teacher

Massage Therapist

Yoga Student

Other: \_\_\_\_\_

2. Do you have a yoga practice? \_\_\_\_\_

What style of yoga do you practice? \_\_\_\_\_

3. How long \_\_\_\_\_ and at what level do you practice? \_\_\_\_\_

4. Reason for taking this  
workshop: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any health issues? (please provide details and use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The following is an agreement by you that, to your knowledge, you have provided all information regarding your health that could be relevant to your participation in this workshop and that you take full responsibility for yourself and for the choices you make regarding your participation throughout this workshop. Any complications resulting from an undisclosed health matter or from choices made by you during the workshop will be solely your responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_


Name (print): \_\_\_\_\_ Age: \_\_\_\_\_

**COMPLETE** Address: \_\_\_\_\_

Ph #: \_\_\_\_\_ Email: \_\_\_\_\_

Location of workshop you are registering for: (also print on outside of envelope) \_\_\_\_\_

Mail or email this form along with your etransfer or check payment, payable to:  
Leigh Milne 106 Delia Crescent, Salt Spring Island, BC, V8K2H3  
Etransfers: Leigh@sadhanayoga.ca

----- Please detach  and keep below policy information for your reference -----  
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**Workshop Policy:**

- Register early to assure your place.
- In the event this workshop is cancelled your payment will be refunded in full.
- There is a nonrefundable \$100 fee (included in registration price of \$900)
- Withdrawal from the workshop: With notification less than eight weeks before the scheduled date you will be refunded 50% of your fee. Notification of less than four weeks and you will forfeit the full workshop fee. Consideration given for special circumstances.
- If the host facility has a workshop policy in place, it will be at the instructor's discretion which policy will apply.

**IMPORTANT\*\*\* RMTs, 100% attendance is required to receive a certificate of completion.**

*Recommended reading; The Key Muscles of Hatha Yoga by Ray Long MD. Available though bandhayoga.com and How to use Iyengar Yoga by Mira Mehta available at amazon.ca*