

All information given will be treated in the strictest confidence and stored in accordance with data protection legislation.

Name

Telephone Number

Mobile Number

Emergency Contact Telephone Number

Address

Email Address

Can we contact you via text about class cancellations, and reminders if classes aren't on? It shouldn't happen often but sometimes things happen out of our control. It's the easiest, quickest way to stop you wasting your time.

Do you participate in any other physical activity e.g. gym work, jogging, swimming, aerobics etc?

How regularly do you do this?

Have you practised yoga before?

The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure **please consult your GP** before commencing class. Please tick the boxes below if you have any of the following medical conditions.

These conditions require specific modifications to your yoga practice. If yes please give details.

- | | | | |
|---|--------------------------|---|--------------------------|
| Abdominal disorder or recent surgery | <input type="checkbox"/> | High blood pressure | <input type="checkbox"/> |
| Arthritis (Osteo or Rheumatoid) | <input type="checkbox"/> | Low blood pressure | <input type="checkbox"/> |
| Back pain (if known cause please state) | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Knee problems | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Hip problems | <input type="checkbox"/> | Auto-immunue disorder (e.g. M.E. Lupus etc) | <input type="checkbox"/> |
| Shoulder or neck problems | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Heart disease | <input type="checkbox"/> | Continued overleaf... | |

These conditions require specific modifications to your yoga practice. If yes please give details.

Sensory disorder affecting eyes or ears

If yes please provide details.

Balance affecting disorder

Anxiety/depression

Other (please discuss with Vicky)

Are you or could you be pregnant, or have you given birth in the last six weeks?

Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice? If yes, please provide details.

Have you had any recent operations (in the last two years)? If yes please provide details.

Would you like to receive my newsletter on new class updates, Blog posts and general information (I won't spam you!!!)

How did you hear about this class?

DECLARATION

I confirm the above information is correct. I understand that it is my responsibility to:

- Check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class.
- Advise the yoga tutor of any change in my medical information.
- Follow the advice given by my doctor and/or yoga tutor.

Signature

Print Name

Date