

# STUDENT REGISTRATION FORM



To be completed by yoga, sound healing or reiki session participants for face to face and remote teaching.

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

**Name** ..... **Date of birth** .....

**Address** .....

**Phone number: Home** ..... **Mobile** .....

**E-mail** .....

**Emergency contact name and tel. no** .....

**Have you attended a yoga, sound healing or reiki session before?**.....

**If yes, how long have you practised/attended and what styles (if known)?** .....

**How did you hear about this class?** .....

**How can we contact you?** *(We will not pass your details onto any third parties. See the bottom of page two for more info)*

Email:       Mobile:       What's App:       Phone (Home):

**Do you participate in any other physical activity, e.g. gym work, jogging, swimming, aerobics, badminton, cycling, walking or other?**

**How regularly do you do this?** .....

The following information is required to ensure your safety. Whilst yoga, sound healing and reiki may be practised safely by most 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 and then provide further information.

These conditions require specific modifications to your session. If yes, please give details:	These conditions may affect your session and so provide useful information for your teacher:
Abdominal disorder or recent surgery	Asthma
Unspecified back pain/ problems	Anxiety/depression
Joint replacement	Epilepsy
Hip problems	Respiratory issues
Heart disorders, including having a pacemaker	Sensory disorder affecting eyes or ears
High blood pressure	Diabetes
Low blood pressure	Auto-immune disorder (e.g. M.E., M.S., Lupus etc.)
Arthritis (osteo or rheumatoid)	Balance affecting disorder
Spinal injury	Migraine
Knee problems	Other (Specify below)
Shoulder or neck problems	
Are you/could you be pregnant or have given birth in last six weeks	
Other (Specify below)	
<b>Further information (Modifications to practise):</b>	<b>Further information (Affect practise):</b>



Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by the session? If yes, please provide details: Yes/No

Have you had any recent operations (in the last two years)? Yes/No

If yes, please advise what the operation was: .....

**DECLARATION AND WAIVER**

**Please tick this box if you do not wish to declare medical information**

In order to comply with the General Data Protection Regulations, it is necessary to check whether or not you are happy for me to retain your contact details and email you information I think will be useful to you, including classes, workshops, retreats, training, events and other relevant updates. I only hold information when it is necessary for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, can you please indicate/amend your choices on page one, to detail your preference(s) when contacting you. Please note you are able to amend these choices at any time by contacting me: [mel@meleyoga.com](mailto:mel@meleyoga.com)

I confirm the above information is correct and that I take responsibility for my own health and safety whilst participating in the yoga, sound healing or reiki session, whether face to face or remote, and I also understand that it is my responsibility to:

- I understand and accept that as with all types of exercise classes, there is a possibility of sustaining physical injury. I know that yoga, sound healing or reiki is not a substitute for medical attention or diagnosis. I agree to seek my doctor's consent before beginning classes if I am undergoing any medical treatment or concerns about my ability to participate in the session.
- In all sessions whether face to face, live streamed remote or pre-recorded remote, I accept that some postures and practises are not appropriate or suitable for people with certain conditions. I agree to abide by my doctors and/or teacher's instructions in this respect and listen to my body. Where a movement or session is beyond my experience or ability, feels too difficult for me, or I experience any discomfort, I will not continue the movement or session. I undertake not to practise yoga, if I am ill and will notify my teacher before/at the start of sessions if I have had any change in my medical information or ability to participate or if I feel in any way unwell or have sustained any injury since my previous session.
- I will remain on screen when participating in a remote session  
*I understand that for any periods of time throughout a remote session during which I move off screen or are outside of the teacher's/practitioner's view, whether intentionally or not; no liability will arise on the part of the teacher. I understand the practitioner may not be able to see me at all times.*
- I understand that remote online zoom classes are recorded, with only the teacher being shown, but my voice may be heard if I'm not on mute.
- I agree to the COVID Secure Health Statement below;  
I Hereby confirm that I am following all UK Government legal requirements with regards to Covid-19
- I understand that bookings as standard are non-refundable and non-transferable
- I confirm that I have read this form in its entirety and participate voluntarily in the full knowledge that there may sometimes be risk attached to practising yoga, sound healing or reiki

**SIGNATURE** (physical signature if using a printed copy. Otherwise indicate with a tick or X):

By signing, I confirm my understanding and acceptance of this health questionnaire and its disclaimer:

**NAME** (please print): .....

**DATE:** .....

**SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS**

**SIGNATURE** (physical signature if using a printed copy. Otherwise indicate with a tick or X):

By signing, I confirm my understanding and acceptance of this health questionnaire and its disclaimer:

**NAME:** .....

**DATE:** .....