



STUDENT REGISTRATION FORM

to be filled in before joining yoga class

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 class before?

If yes, how long have you practiced yoga?

If yes, what style of yoga have you practiced? (if known)

How did you hear about this class?

How can we contact you? *(We will not pass your details onto any third parties)*

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 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"/>
Arthritis (osteo or rheumatoid)	<input type="checkbox"/>
Back pain (if known cause please state)	<input type="checkbox"/>
Knee problems	<input type="checkbox"/>
Hip problems	<input type="checkbox"/>
Shoulder or neck problems	<input type="checkbox"/>
Heart disorders	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>

These conditions may affect your practice and so provide useful information for your tutor:



Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Auto-immune disorder (e.g. M.E. M.S. Lupus etc)	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Anxiety/depression	<input type="checkbox"/>
Sensory disorder affecting eyes or ears	<input type="checkbox"/>
Balance affecting disorder	<input type="checkbox"/>
Other (to be discussed with tutor)	<input type="checkbox"/>

Are you / could you be pregnant, or have you given birth in the last six weeks? Yes/No

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: 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

I confirm the above information is correct.

I understand and accept that, as with all types of exercise classes, there is a possibility of sustaining physical injury. I know that Yoga is not a substitute for medical attention or diagnosis and 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 yoga class.

I agree to take responsibility for ensuring that I do not exceed any instructions and to respect my body's limitations which I understand may change from one day to another. I undertake not to practice yoga if I am ill and will notify my teacher at the start of class if I feel in any way unwell or have sustained any injury or change in my medical information since my previous lesson.

I accept that some postures are not appropriate or suitable for people with certain conditions and agree to abide by my doctors and/or teacher's instructions in this respect.

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 practicing yoga.

SIGNATURE:

NAME (please print):

DATE:

SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS

SIGNATURE:

NAME:

DATE: