

@ Yoga – New Student Registration Form

Thank you for deciding to practice Yoga with me. In order to get a better understanding of your health needs, please fill out the form and return it to me BEFORE turning up to class ☺. If you would like to discuss any information you provide with me prior to class please call me (021525669).

All information gathered is strictly confidential.

Name:	Guardian: (if under 18)
Email (print carefully as I may use this to keep you updated or send out useful links):	
Mobile Number:	
Address:	
Who to contact in case of emergency:	

Age Group	Under 17	18-34	35-44	45-64	65-74	75+
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What is your main reason for attending Yoga classes; do you have any specific goals?
Have you done yoga before? Yes/No
If yes, what type(s) and for how long?

Which aspects of Yoga most interest you? Please indicate as many as you like	
Physical postures (Asanas)	Meditation
Relaxation	Breathing (pranayama)

Do any of the following health conditions apply to you?	If yes, please give details
High blood pressure	Yes / No
Low blood pressure/fainting	Yes / No
Arthritis	Yes / No
Diabetes	Yes / No
Epilepsy	Yes / No
Heart Problems	Yes / No
Breathing problems	Yes / No
Depression	Yes / No
Detached retina/other eye problems	Yes / No
Recent fractures or sprains	Yes / No
Recent operations	Yes / No
Vertigo or dizziness	Yes / No
Back problems	Yes / No
Neck problems	Yes / No
Knee, hip or ankle problems	Yes / No
Recent pregnancies	Yes / No
Are you pregnant?	Yes / No

Do you have any other health issues (physical or mental) that may affect your Yoga practice?	Yes/No
If yes, please give details:	
How did you first hear about this class?	

I will take full responsibility for my health during the yoga classes, including any injuries. I will inform my yoga teacher of any medical changes.

Signed:	Date:
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Yoga is a personal journey; please remember to stay kind to your body throughout your practice