

@Yoga – New Student Registration Form

Thank you for decided 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 is stored confidentially

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|--|--------------------------------|
| Name: | Guardian if applicable: |
| 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 16 | 17-34 | 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? |

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

| 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 |

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| 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.

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