

Name (Title / Forename / Surname)		Male / Female
Address		
Telephone		Email
Next of kin: Name & Tel		
Date of Birth		Age
Doctor Name & Tel		

About you:

What is your experience of yoga?	
What do you enjoy most and least in life?	
Reasons for attending a yoga class	

About your health:

Is there a specific condition or injury and when did it occur?	Yes / No
Do you have a diagnosis of a condition?	Yes / No
Has your doctor ever said you have a heart condition?	Yes / No
Do you suffer from high or low blood pressure?	High / Low / Neither
Do you take any prescribed medication?	Yes / No
Do you have a bone or joint problem that could be made worse by activity?	Yes / No
Are you pregnant or have had a baby in the last 12 months?	Yes / No
Have you had surgery in the last 12 months?	Yes / No
Do you have back pain or injury?	Yes / No
Do you know of any reason that would affect your ability to participate?	Yes / No
Have you had a recent illness?	Yes / No
Do you have any allergies?	Yes / No

If you answered yes to any of the above or believe there is something else I should know then please write here or email:

PRIVACY NOTICE Please tick to give your consent	
I consent to receive communication about your activities. I am over 16 years of age	<input type="checkbox"/>
I agree you may keep my personal details, health information and bank details securely	<input type="checkbox"/>
I acknowledge my personal details will not be shared with others	<input type="checkbox"/>
If a photograph is taken I have the option to give permission or decline its use in promotional activities	<input type="checkbox"/>
I believe I am fit to join in and I participate voluntarily, in person or via videoconferencing	<input type="checkbox"/>
I agree I am responsible for the safekeeping of my own personal belongings	<input type="checkbox"/>
I agree that no claims will be made for personal injury or property damage	<input type="checkbox"/>
Signed	Date

Where did you hear about me?
