

## Registration for Yoga

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Tel number \_\_\_\_\_ Emergency contact number \_\_\_\_\_

Personal Email \_\_\_\_\_

### Yoga experience (please circle)

- Complete beginner
- Previous experience but long gap since last attended – how long?.....
- Regular class(es) at least 12 months
- Any home practice? Y.....N
- Foundation course/student teacher/teacher

### Health information: Are you living with or have had in the past (please circle all relevant)

*This information is of course CONFIDENTIAL I shall make every effort not to single anyone out; but I may mention particular modifications for conditions I have been told about.*

- |   |   |
|---|---|
| 1. High blood pressure                          | 11 Multiple sclerosis or other nervous      |
| 2. Heart problems e.g. angina or previous heart | system disorder                             |
| attack  | 12 Chronic fatigue syndrome, ME or          |
| 3. Slipped disc history                         | fibromyalgia                                |
| 4. Other joint pains, arthritis etc             | 13 Eye problems                             |
| 5. Any joint replacement                        | 14 Migraines                                |
| 6. Recent injury or operation (last 6 months)   | 15 Mental health problem                    |
| 7. Asthma or other respiratory problem          | 16 Cancer                                   |
| 8. Diabetes                                     | 17 Pregnant or given birth in last 2 years? |
| 9. Epilepsy                                     | Y/N   |
| 10. Thyroid problems (over or under active)     |   |

***If you have circled any of the above, will you need any special modifications in class such as practising in a chair, adapted kneeling postures etc?***

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***Any current medical treatment that may have implications in class e.g. insulin use or side effects?..... Y/N***

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***How would you rate your current sense of wellbeing?***



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If there are any changes to my health status, I agree to inform my yoga teacher, so that alternative postures can be suggested if necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_