



Name _____

D.O.B / /

Address _____

Email address _____

Phone: Home _____

Work: _____

Mobile _____

Emergency Contact details

Name _____

Phone _____

How did you find out about Yoga & Beyond? _____

Health History	(Please tick if they apply)
Heart Condition	
Sciatica	
Diabetes	
Pregnancy /miscarriage	
Epilepsy	
Arthritis	
Anxiety	
Depression	
Low Blood Pressure	
High Blood Pressure	
Knee / hip problems	
Eye Conditions	
Stroke	
Osteoporosis	

Details of current health issues which MAY be affected by exercise :-

Teacher Notes:

Date Baby Due _____

What do you hope to get out of practicing yoga?

1. I have clearance from my doctor to attend yoga or other classes. (if currently being treated for any medical condition).
2. I agree to seek medical advice before continuing / starting classes if I am at all unwell .
3. To my knowledge, there is no medical reason why I should not participate in classes.
4. I agree to accept responsibility for injuries which may be sustained while taking part in Yoga & Beyond classes, workshops and other events.
5. If I am pregnant I will seek advice from my health care professional about participation and I will not do any inversions, twists, backbends or strong core work id I attend classes.
6. I UNDERSTAND THAT EXPIRED PASSES WILL NOT BE HONoured UNLESS UPDATED

Signature

Date