

Class Registration Form (Confidential)

This form is used by the tutor for registration, contacting students in case of emergencies, health and safety within the class and unforeseen circumstances. Information kept complies with the Data Protection Act 1998.

First Name: _____ **Last Name:** _____

Address: _____

_____ **Post Code:** _____

Telephone (including code): _____

Email Address: _____

Age (if under 18): _____ **Date of Birth (optional)** _____

Yoga classes will contain postures, specific breathing, relaxation and meditative techniques. Some of these maybe inadvisable or contraindicated if you have certain medical conditions. It is important to let the tutor know if you have any of the conditions below or any other condition that you think the tutor should know about. Please also check with your doctor if you have any doubts.

Please tick , which will be used to adapt the class if required.

Condition/Area of Concern	Yes	No
Diabetes		
Heart Condition (history of heart attack, angina etc.)		
High Blood Pressure		
Low Blood Pressure		
Joint Condition (Knee, Hip, Shoulder etc, State which joint		
Arthritis (where?)		
Back or spine conditions or injuries (such as Spondylitis, Scoliosis and Sciatica etc)		
Asthma or other breathing condition		
Pregnancy		
ME/MS		
Depression		
Abdominal Surgery (last 3 years) or Hernias		
Epilepsy		

Please give specific details if you have any of the above:

Do you take any medication or have any medical condition or sensory loss which may affect you during class? YES / NO If YES, please tell me what I can do should you experience difficulties or what your requirements are so that we may take appropriate action.

Do you have any other condition, injury, illness, recent operation or physical disability which you consider I should know about? If there is please mention what it is and the impact it has on you.

Previous experience of Yoga, such as time practising, type, style and if you have a personal or daily yoga practice.

What do you hope to gain from coming to class? (it doesn't matter if you don't know).

I understand that some of the practices in the class are inadvisable or contraindicated when suffering from certain medical conditions. I accept personal responsibility for my health, safety and well-being during the classes.

Signed: _____ **Date:** _____

Please inform the tutor if any of this information changes.

If you **do not** want to be contacted in the future by the tutor about classes or courses please tick [].

This form was created to register students in classes led by Yoga Bija
www.yoga-bija.me.uk / 07834 259 638