



Love 4 Yoga

Enrolment Form

Full Name

Address

Post Code

Telephone Number

Mobile

Email

Date of Birth

Emergency contact details

Name

Telephone Number

Have you done Yoga before?

YES

NO

If you have how long ago?

Up to 1 year

Up to 2 years

Over 2 years

Are you interested in Yoga philosophy?

YES

NO

Are you interested in Meditation?

YES

NO

Do you suffer from any of the following?

High/Low blood pressure Chest/breathing complaints Hiatus Hernia Migraine
Heart problems Eye problems Arthritis or joint problems Epilepsy
Varicose Veins Diabetes Back or neck problems

Please use this space to communicate any other medical concerns that you consider relevant or to elaborate on any of the above.

Are you prescribed any drugs? YES NO

If YES, please specify

What are your reasons for coming to a Yoga class?

What are you hoping to gain from the class?

Disclaimer

If you have had any illnesses or injuries it is advisable to check with your doctor before starting any unaccustomed exercise. It is important that you practice yoga at a pace that is suitable for your needs. It is important to listen to your body and not to ignore painful warning signs. If you experience any pain during or after the class please inform your teacher. The teacher can accept no liability for personal injury related to participation in a yoga session, or you fail to observe instructions on safety or technique, or if you have been advised not to participate in exercise due to medical reasons.

Thank you for taking the time to complete this form. Please ensure that you inform me of any changes to your health should they occur. **All information will be treated in the strictest confidence**

Signature

Date