

Yoga - Student Form

Please complete the following questions & email to classes@MyYogaMind.co.uk The information will help me to tailor the class to your individual needs and provide contact details in an emergency or if the class should be cancelled. * Please provide (with their permission) an emergency name & contact number

Name: _____ email: _____ Contact no/s. _____

* Emergency contact name & no. _____ (please obtain permission first)

Address: _____

Where did you hear about this class?
Which class would you like to attend? E.g. Wed lunchtime
Have you done Yoga before & if so for how long?
Briefly describe what brings you to Yoga and what you hope to gain from it:

Do you suffer from any of the following? (Please highlight as appropriate & provide any further details/ ramifications below)

1. High blood pressure If so is it medicated?	8. Hernia
2. Low blood pressure If so, is it medicated?	9. Asthma or chest problems
3. Heart problems * give details below	10. Dizziness, poor balance, vertigo
4. Diabetes	11. Recent illness or surgery * give details below
5. Epilepsy * give details below	12. Pregnant/ post-natal? * give details below
6. Deafness or poor hearing	13. Back or neck problems * give details below
7. Eye problems	14. Hip, knee or ankle problems * give details below
	15. Joint or bone problems * give details below
	16. Anxiety or depression

* Please provide any further medical details here & let me know if anything changes in future:

I understand that I should only practise postures & exercises that are comfortable for me. I am happy to be adjusted physically as part of my learning in class. To my knowledge, all the above information is correct.

Name	Signature	Date
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The data you provide will be kept in a password protected file/ locked cabinet & deleted after 3 years or at your request