

Health Registration Form



All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation

Firstname: Surname:

Address:

..... Postcode:

Email: Telephone:

Emergency contact number :

Please answer all the questions below

Have you any previous experience of yoga? YES NO
if YES, how long?

The following information is required to ensure your safety. There are some medical conditions which require special attention when practicing yoga. If you are unsure please consult your GP before attending class. Please tick if you have any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Abdominal disorder or recent surgery | <input type="checkbox"/> Hip problems |
| <input type="checkbox"/> Arthritis – osteo/ rheumatoid | <input type="checkbox"/> Shoulder or neck problems |
| <input type="checkbox"/> Back pain / problems | <input type="checkbox"/> Heart disorders |
| <input type="checkbox"/> Knee problems | <input type="checkbox"/> High blood pressure |
| | <input type="checkbox"/> Low blood pressure |

These conditions may affect your practice so provide information for yoga tutor

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Anxiety/depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Disorders affecting eye/ear i.e glaucoma |
| <input type="checkbox"/> Auto immune disorder
M.E M.S Lupus | <input type="checkbox"/> Other –
(discuss with tutor) |
| <input type="checkbox"/> Epilepsy | |

Do you have any old injuries that still trouble you and are not on this list? Please provide details

Are you taking any form of medication that may have some bearing on your yoga practice? YES NO
if YES please seek advice from your doctor or other health professional before starting to practice yoga

I confirm the above information is correct. I understand it is my responsibility to:

- Check with my doctor if I have difficulties about my ability to participate in yoga class
- Advise tutor of any change in medical information
- Follow advice given my yoga tutor

All personal information will not be shared or sold and will be for the sole use of Santosha yoga. I give permission to Santosha yoga to use photographs obtained during classes, workshops and events to use as part of a public display which may include Santosha yoga website and other print publications.

Signed: Date:

Thankyou for completing this form