

Registration Form



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 Melanie Palmer

Registration Form for New Students

In order that you can learn and practice Yoga safely it is requested, that you complete the following questionnaire. Have you currently any of these conditions - If you answer Yes please give further information on your condition, you can use the back of the form if more space is required.

- | | |
|--|-----------------|
| 1. High/Low blood pressure | Yes / No |
| 2. Conditions associated with heart disease | Yes / No |
| 3. Cancer or benign tumour | Yes / No |
| 4. Epilepsy including Petit Mal | Yes / No |
| 5. Diabetes | Yes / No |
| 6. Menieres disease | Yes / No |
| 7. Detached retina | Yes / No |
| 8. Acquired Immune Deficiencies (AIDS) | Yes / No |
| 9. Multiple Sclerosis (M.S.) | Yes / No |
| 10. Myalgic Encephalomyelitis (M.E.) | Yes / No |
| 11. Recent post operative conditions | Yes / No |
| 12. Pregnancy or recently given birth | Yes / No |
| 13. Sensory disabilities - deafness/partial hearing | Yes / No |
| 14. Allergies / Asthma | Yes / No |
| 15. Any other disability physical or mental not mentioned here | Yes / No |

It is important that your yoga teacher has information on your condition in order that a suitable programme can be followed.

The undersigned acknowledges the existence of certain risks in this type of activity and hereby agrees to assume all said risks. The undersigned further relieves Just Yoga, its management, its instructors and other students from any liability resulting from personal injury and/or loss of personal property arising from class activities. The undersigned hereby represents that he/she is physically sound and that he/she has medical approval, if special medical problems require such approval, to proceed with this activity.

Name: _____ I am 16 or over **Yes / No**

E-Mail: _____

Address: _____

Postcode: _____

Tel: _____

Signed: _____ Date: / /

Emergency contact name: _____ Tel: _____

I am happy to be contacted for the purposes of class / workshop notifications by email, telephone or SMS (delete as appropriate) **Yes / No**

Where did you hear about Just Yoga? (please specify)

All information supplied by students on this form is strictly confidential and used solely by Just Yoga. Refer to our privacy policy www.justyoga.co.uk