**Registration form**

**Please circle which type of class you are registering for:**

**Beginners Yoga – Mixed Ability Yoga – Pilates - Chair Yoga - Private Classes, Corporate Classes**

**Name: ………………………………….........................................................D of B: ...................................**

**Address: ………………………………………………………………………………………………………………………………...…..**

**Postcode: ……………………………………………………………………………………………………………………………..…….**

**Telephone (home, mobile): …………………………………………………………………………………………………..…….**

**E-mail: ………………………………………………………………………………………………………………………………………..**

**Emergency Contact Name & Number……………………………………………………………………………….…………..**

**Dr’s Name, Town & Number: ………………………………………………………………………………………………..………**

**……………………………………………………………………………………………………………………………………………..………**

**Occupation: ……………………………………………………………………………………………………………………………..…..**

**Have you done Yoga/Pilates before, if so for how long:……………………………………………………………..….**

**What are you hoping to gain from yoga classes?.............................................................................. …………….……………………………………………………………………………………………………………………………….……….**

**The following information is treated as confidential in line with the Data Protections Act 1998**

**Please tick if you experience any of the conditions mentioned and provide details that may affect your ability to do yoga/Pilates. It will help you benefit even more from the classes. Please inform the instructor if there are any changes and seek medical advice if you have any health concerns before taking part in classes.**

About my health (circle)….… My general health is: *Excellent - Good- Manageable - Challenging*

I experience/have experienced:

• Heart condition………………………………………………………………..

• Breathing problems…………………………………………………………..

• Joint Problems………………………………………………………………..

• High/Low blood pressure………………………………………………………….

• Back/neck pain……………………………………………………………….

• Headaches……………………………………………………………………

• Lack of energy……………………………………………………………….

• Depression/anxiety…………………………………………………………..

• Other health issues (please state)………………………………………………………….

I am taking the following medication (state what for) …………………………………………………………………………………………………………………………………………….

If pregnant what is Expected Date of Delivery: …………………………………………………………………..

Is this your first baby, if not please state any complications with previous pregnancies …………………………………………………………………………………………………………….…………………………………

……………………………………………………………………………………………………………………………………………….

Where did you find out about the classes:……………………………………………………………………………….

Are you happy to be contacted by email: ………………………………………………………………………………..

Please use the space below if you want to say more about yourself.

**Disclaimer:**

I take full responsibility for my own health and wellbeing during the class and when I practise anything taught in the Yoga or Pilates classes in another location.

I take complete responsibility for weather I want to receive, accept, apply or reject any advice or instruction offered by the teacher and I do so at my own risk. I sign to say I have read, agree and understand the above statement.

Signature……………………………………………..Date…………………………………

(My electronic signature is binding)