 NEW STUDENT QUESTIONNAIRE 

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

**Name** .........................................................................................................................

**Address** ......................................................................................................................

**Mobile Tel Number (Landline) :** .............................................

**email** ..........................................................................................................................

**Emergency contact name and tel.no** ....................................................................................

Have you attended a yoga class before if yes how long have you practiced Yoga?

....................................................................................................................................

Do you participate in any other physical activity, e.g. gym work, jogging, swimming, aerobics, badminton, cycling, walking or other and how often

.....................................................................................................................................

The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure please consult your GP before commencing class. Please give details below if you suffer with any medical conditions.

These conditions require specific modifications to your yoga practice: abdominal disorder or recent surgery, arthritis (osteo or rheumatoid), back pain (if known cause please state), knee problems, hip problems, shoulder or neck problem, heart disorders, high blood pressure, low blood pressure.

|  |
| --- |
|  |

These conditions may affect your practice and so provide useful information for your tutor: asthma, diabetes, auto-immune disorder (e.g. M.E. M.S. Lupus etc), epilepsy, anxiety, depression, sensory disorder affecting eyes or ears , balance affecting disorder, other (to be discussed with tutor).

|  |
| --- |
|  |

Are you 18 years old or over? Yes/No

Are you /could you be, pregnant, or have you given birth in the last six weeks? (Female only) Yes/No

Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice Yes/No

If yes, please provide details.

………………………………………………………………………………………………

Have you had any recent operations (in the last two years)? Yes/No

If yes, please advise what the operation was.

…………………………………………………………………………………………………

Would you like to receive emails with forthcoming events and newsletters? Yes / No

Do you agree for this information to be shared with a supply teacher if necessary? Yes/No

How did you hear about this class? ..........................................................................................

DECLARATION

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

* check with my doctor if I have any difficulties or concerns about my ability to participate in

the yoga class.

* advise the yoga tutor of any change in my medical information
* follow the advice given by my doctor and/or yoga tutor.

Name (please print) ……………………….…………………………………………….

Signed…………………………………………………Date………………………………..

(Signature not required if submitted electronically)

***\*If you are submitting electronically, the e-mailing of the form constitutes your personal certification that the details are correct***