



YOGA - STUDENT INFORMATION

NAME _____

PHONE (H) _____ (M) _____

EMAIL _____

OCCUPATION _____

DATE OF BIRTH _____

I WOULD LIKE TO RECEIVE THE OCCASIONAL NEWSLETTER AND CLASS UPDATES BY EMAIL /

TEXT. (PLEASE CIRCLE) YES / NO

MEDICAL HISTORY

HAVE YOU HAD ANY MAJOR SURGERY? IF SO, WHAT AND WHEN? _____

PLEASE GIVE DETAILS OF ANY INJURIES, FRACTURES, DISLOCATIONS AND HOW LONG AGO

DO YOU SUFFER FROM ANY OF THE FOLLOWING? (PLEASE CIRCLE)

HIGH / LOW BLOOD PRESSURE / HEART PROBLEMS / ASTHMA / ARTHRITIS / CARPAL TUNNEL

/ NECK PROBLEMS / BACK PROBLEMS / ABDOMINAL SEPARATION / PELVIC FLOOR

WEAKNESS / OTHER

(PLEASE SPECIFY) _____



YOGA EXPERIENCE

HAVE YOU DONE YOGA BEFORE? IF SO, FOR HOW LONG AND WHERE / WHAT KIND?

WHAT IS IT YOU WOULD LIKE TO GET OUT OF YOGA?

RELAXATION / STRESS MANAGEMENT / FLEXIBILITY / STRENGTH / PAIN RELIEF / OTHER

HOW DID YOU FIND OUT ABOUT THESE CLASSES? _____

AGREEMENT

I, _____ UNDERSTAND THAT THE INSTRUCTIONS

GIVEN THROUGH OUT CLASS ARE INTENDED ONLY AS A GUIDANCE. IT IS THEREFORE MY

RESPONSIBILITY TO,

1. ADJUST MY PRACTICE ACCORDING TO MY LIMITATIONS TO ENSURE NO PERSONAL

INJURY OCCURS.

2. INFORM THE TEACHER BEFORE THE CLASS OF ANY RECENT CHANGE TO MY PHYSICAL

CONDITION.

I HEREBY DECLARE THAT I RELEASE **THE GLO PROJECT** OF ANY RESPONSIBILITY FOR ANY

INJURY SUSTAINED AND THAT I WILL TAKE FULL RESPONSIBILITY OF MYSELF DURING THE

YOGA CLASS.

SIGNED _____

DATE _____

