

Registration Form



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

Name: Date of Birth:

Telephone number/ Mobile: Home:

Address: Email:

Emergency contact name and telephone no

What reasons have you decided to join this yoga course?

Have you attended a yoga class before?

If yes, how long have you practiced yoga?

If yes, what style of yoga have you practiced? (if known)

How did you hear about Soulfull Yoga?

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

How regularly do you do this?

Medical History

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 check the boxes below if you have any of the following 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 problems Heart disorders High blood pressure Low blood pressure If yes, please provide details

Do you have a history of or have any of the following medical conditions? (Please check all that apply)

Cancer Chest pains Stroke Diabetes Asthma High Blood Pressure Low Blood Pressure Seizure Disorder Multiple Sclerosis Hormone Imbalance Thyroid Imbalance Blood Clotting Liver / Kidney infection Varicose veins 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) If yes, please provide details

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

Have you had any recent operations (in the last two years)? Yes [] No []
] If yes, please advise what the operation was

Are you currently taking any oral medication? Yes [] No []

If yes, please provide details Including Contraception or hormone therapy.....

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.

DECLARATION

Please tick this box if you do not wish to declare medical information []

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.....



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