



THAT LITTLE BIT CALMER
YOGA FOR EVERY ONE

STUDENT REGISTRATION FORM

FIRST NAME _____ SURNAME _____

ADDRESS _____ SUBURB _____ POSTCODE _____

PHONE _____ EMAIL _____

DOB _____ OCCUPATION _____

EMERGENCY CONTACT _____ PHONE _____

HOW DID YOU HEAR ABOUT US?

WEBSITE FACEBOOK REFERRAL ADVERTISEMENT OTHER _____

WHAT SERVICE ARE YOU ATTENDING?

<input type="checkbox"/> CASUAL YOGA CLASS	<input type="checkbox"/> PRIVATE YOGA CLASS
<input type="checkbox"/> WORKSHOP/MASTERCLASS	<input type="checkbox"/> KIDS YOGA

DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING? PLEASE TICK

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> LOW BLOOD PRESSURE	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> HEART CONDITION	<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> EYE CONDITION
<input type="checkbox"/> DIABETES	<input type="checkbox"/> DEPRESSION	<input type="checkbox"/> PREGNANT? DUE DATE: _____
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> MIGRAINE	

PLEASE LIST ANY INJURIES OR OTHER HEALTH ISSUES (EITHER RECENT OR PRE-EXISTING) EG BACK, KNEE, NECK, SHOULDER

DO YOU HAVE ANY MEDICAL CONDITIONS? YES NO

PLEASE DESCRIBE: _____

DO YOU HAVE ANY YOGA EXPERIENCE? IF SO, HOW MUCH AND WHAT STYLE?

WHAT ARE YOUR INTENTIONS FOR YOUR YOGA PRACTICE? _____

I HAVE COMPLETED THE ABOVE DETAILS TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN ME BEING EXPOSED TO INCREASED MEDICAL RISK OR INJURY. I UNDERSTAND THAT YOGA IS A PHYSICAL ACTIVITY AND THAT I UNDERTAKE YOGA CLASSES AT MY OWN RISK. I ALSO UNDERSTAND THAT IF ANY OTHER MEDICAL CONDITIONS ARISE IN THE FUTURE, I NEED TO INFORM THE YOGA TEACHER.

SIGNED _____ DATE _____

ALL INFORMATION PROVIDED IN THIS FORM WILL BE KEPT CONFIDENTIAL



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WAIVER & RELEASE FORM

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Yoga Australia and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and Yoga Australia are not in any way responsible for any loss or damage of your personal property.

Those under 18 years of age must have this form signed by a parent or guardian.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

Signature: _____

Witness Signature: _____

Printed Name: _____

Witness Name: _____

Date: _____

Date: _____