 **Student Registration Form**

Most people can safely practise Yoga, regardless of age, gender size or ability. Just always remember you are responsible for yourself so please be kind to yourself during your practice.

In order to practice safely please avoid eating a heavy meal for approx. 2 hours before class.

Please bring along a yoga mat (if you have one) and wear some loose comfortable clothing that you can move freely in.

If you have any doubts about your health or fitness do contact your GP before joining classes.

Should you wish to discuss any health or fitness issues privately please do not hesitate to contact me on 07495 821089

|  |
| --- |
| **Name: Date of Birth:**  |
|  |
| **Email Address (please print carefully):**  |
|  |
| **Mobile Number:**  |
|  |
| **Home Address:**  |
|  |
|  |
| **Occupation:**  |

**Have you practised yoga before? (if yes, please give details)**

**What is your main reason for choosing to practice Yoga?**

Please indicate below if you have any of the following medical conditions. These conditions may require specific modifications to your yoga practice. Please give details.

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| --- |
| Recent surgery  |
| Anxiety/depression  |
| Arthritis  |
| Diabetes  |
| Epilepsy  |
| Detached retina/eye problems  |
| High blood pressure/fainting  |
| Heart problems  |
| Back pain (please specify)  |
| Shoulder or neck problems  |
| Hip or knee issues  |
| Asthma/ Breathing Difficulties  |
| Auto-immune disorder (ME,MS,Lupus etc)  |
| Any other condition not listed above (please specify)  |
| Are you /could you be, pregnant, or have you given birth in the last six weeks?  |
| Do you have other medical conditions not covered above that might affect your mobility or be adversely affected by yoga practice?  |

**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 teacher of any change in my medical information**
* **follow the advice given by my doctor and/or yoga teacher.**
* **I am happy to be contacted with information by email about Yogabons classes, online classes and future events**



**Name (please print)**

**Signed Date**

Further information on classes can be found at [www.yogabons.co.uk](http://www.yogabons.co.uk)

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