



Student registration form.

Name:

Email:

Phone Number:

Date of Birth:

If Under 18 please supply Parental permission.

Name or Parent or Guardian:

Signature or Parent or Guardian:

Activity level:

Prior Injuries:

Broken Bones:

Allergies:
Currently pregnant: If yes which trimester.
Medical Conditions: Low Blood Pressure High Blood Pressure Glaucoma Asthma Jaundice Arthritis Heart Disease IBS
Private Health Cover Y/N If yes which insurer
Have you participated in yoga? No Never Once or twice Occasionally Regular practice
Do you have a preferred medical practitioner
Contact Number:
Emergency Contact:
Phone number:



Michael Symon Yoga

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ABN:36778293455

I Understand that I am participating in a yoga class. I acknowledge that I will inform the instructor of any prior injuries or medical conditions that may impact my ability to take part. I will alert the instructor of any issues or limitations that arise during class. I will seek to change or modify positions that cause discomfort or pain. I understand that if I do not notify the instructor of any issues, I do so at my own risk. I acknowledge that the information contained above is true and correct as of the date signed on this form and will alert the instructor to any changes that occur after this date that may impact my participation.

Name:
Signature:
Date: ____/____/____