

Bernadette Fisher Yoga Class Registration form

Please note: All information on this form is kept confidential

*****Please complete both pages*****

REGISTRATION FORM

Name:	
Address:	
Town:	
Post Code:	
Email:	
Telephone:	

EMERGENCY CONTACT NAME	
TELEPHONE NUMBER	

Have you practiced Yoga before?	YES / NO
If YES, for how long?	
Which style of Yoga (if known)?	

What are your reasons for practicing Yoga? [mark any that apply]

Stress reduction		Weight management	
Mental clarity		Flexibility	
Spiritual growth		Strength	
Overall well-being		Confidence	
Managing a particular illness		Specify:	
Other reasons		Specify:	

Are you currently experiencing any of the following conditions?

Asthma		Heart / Circulatory Problems	
High blood pressure		Low blood pressure	
Muscular injury		Joint injury (ankle, knee, hip, elbow, shoulder)	
Neck / Back / Spine injury		Pregnancy	
Epilepsy / Seizures		Dizzy spells / Fainting	
Diabetes		Type 1 / Type 2 / Insulin dependant?	
Recent surgery		Specify:	
Other medical condition, injury or disability		Specify:	

If you are currently taking medication or have any serious allergies that should be made known to medical personnel in case of an emergency, please indicate them here:

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Waiver

Asana (Yoga posture) is a posture that is easily held, with *sthira* and *sukha*, stability and ease. 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, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including Yoga. I recognise that it is my responsibility to notify my teacher of any serious illness or injury before every Yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class.

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

Name (Print)		Signature		Date	
Parent/Guardian (Print)		Signature		Date	