

Yoga at The Oaks, Normandy, Guildford
HEALTH & REGISTRATION FORM (2 pages)

Name:

Address:

Phone numbers:

Email address:

Where/how did you hear about my classes?

Occupation:

Date of Birth:

Emergency Contact: *(name; relationship; phone number)*:

Have you done Yoga or Relaxation & Meditation before? Please describe & specify how much.

Why have you decided to come to this course/class & what you would like to gain from the classes?

Please indicate with an **asterisk*** if you have a **history** of any of the following conditions.
 If the condition is **current** please **enter Yes**.

| | | |
|-------------------------------|------------------------------|----------------------------|
| Anaemia | Diabetes | Hernia - type/location? |
| Angina or Heart problems | Digestive problems | Insomnia |
| Anxiety | Dizziness | Menopausal symptoms |
| Arthritis | Ear problems | Menstrual difficulties |
| Asthma | Elimination problems | Panic attacks |
| Back pain - low/middle/upper? | Epilepsy | Pre-menstrual symptoms |
| Blood pressure - high/low? | Eye problems | Migraines |
| Cancer | Hay fever or other allergies | Skin Problems |
| Circulation problems | Headaches | Stress |
| Depression | Hearing problems | Other - please list below. |

If you have:-

- **Angina** Do you have a heart spray? If so, please always bring it to class.
- **Asthma** Please always bring your blue inhaler to class.
- **Epilepsy** Please speak to me in private before you come to your first class.
- **Diabetes** Please always bring a form or glucose with you to class.
- **Cancer** Please give more info re type, treatment etc below.

Please describe any movement that may cause you problems (draw stick figures if possible).

Please advise as follows: - any injury, illness/disorder, recent operation, physical disability, relevant medical history, current medication, relevant problems or situations/circumstances which are not previously mentioned.

Continued overleaf...

Women - Are you **pregnant** or do you think you may be? Are you trying to conceive at this time?

If you are in any doubt about your general state of health, I advise you to obtain your Doctor's permission to attend my classes, courses and workshops before you first attend and subsequently, should this be necessary.

"I understand that all reasonable precautions will be taken to ensure my wellbeing during the classes, courses & workshops and I take full responsibility for my own health, wellbeing and safety"

Signed:

Date:

Print name:

Online Disclaimer

"I understand that participating in Sarah Church's Online Yoga, Relaxation & Meditation Sessions (including some basic movement for tension release), Workshops and Courses - by Live streaming or Video is entirely at my own risk and subject to and governed by English Law and the exclusive jurisdiction of the Courts of England and Wales. I take full responsibility for my own health, wellbeing and safety. I will practise in a suitable environment and spacious area."

Signed:

Date:

Print name:

Data Privacy

Your data will not be shared with anyone else.

"I am happy for you to retain securely the information I have given you on my attached Health Form until such time as it becomes irrelevant and then I am happy for you to delete it securely."

"I am happy for you to contact me by:

(no need to fill in the info again - just tick or enter YES next to the options which you are happy for me to use)

Email

Mobile Phone

Landline

Home Address.

Signed:

Date:

Print name:

Please email this form to me at: sarahchurhyoga@gmail.com

Or post to me at: Sarah Church, The Oaks, Guildford Road, Normandy. Guildford. GU3 2DA