

**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 or Qi Gong 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                    | ME /Chronic Fatigue Syndrome    |
| Arthritis                     | Ear problems                 | Menopausal symptoms             |
| Asthma                        | Elimination problems         | Multiple Sclerosis              |
| Back pain - low/middle/upper? | Epilepsy                     | Premenstrual / Menstrual issues |
| Blood pressure - high/low?    | Eye problems                 | Panic attacks                   |
| Cancer                        | Hay fever or other allergies | Skin Problems                   |
| Circulation problems          | Headaches or Migraines       | 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?

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**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:**

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### **Online Disclaimer**

"I understand that participating in Sarah Church's Online Yoga, Relaxation & Meditation or Qi Gong 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:**

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### **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**