



CONFIDENTIAL INFORMATION SHEET

Name		Date of Birth	
Address		Emergency Contact	
		Name	
Telephone / Mobile		Relationship	
Email		Telephone	

Do you have any previous experience of yoga?	
What is your particular interest in joining a yoga class?	

Are you currently experiencing any medical conditions including the following?

Condition	Yes, plus details	No
Back pain		
Problems with any other joints		
Any recent surgery / hospital treatment		
Heart problems; high or low blood pressure; Circulation Problems		
Breathing problems		
Osteoporosis or low bone density		
Epilepsy		
Are you pregnant or have you recently had a baby?		
Problems with mobility / pain on movement		
Anxiety / Stress		
Hearing problems		
Do you have any other medical conditions?		
Are you currently receiving any medical treatment?		



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Parent/Carer

Date:

I confirm that I have provided all relevant health information on this form and will inform my yoga teacher at Tewkesbury Yoga of any changes as they occur.

Signed: Date:

Parental Consent is required if you are under 18Yrs

Parent/Carer..... Date.....

If you have answered yes to any of the above questions, it is important that you discuss your condition with me so that I can advise you of any modifications in your practice. Please tell me immediately if you become pregnant or are diagnosed with any of the above conditions whilst enrolled to attend classes.

If you experience any signs of fatigue or discomfort during class please rest, take a breath and listen to your body.

If you need to speak to me with regard to any of the above please do

Mobile; 07916883036

Email; rachel@tewkesburyyoga.com