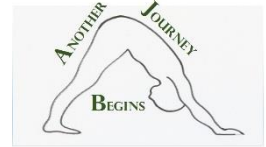




Student Questionnaire

To be filled in before joining a yoga class



All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation. This information is purely to ensure your needs/mobility requirements can be met.

Name Date of Birth

Address

.....
.....

Telephone number: Home Mobile

E-mail

Emergency contact Name:

Emergency contact Telephone number:

Have you attended a yoga class before?

If yes, how long have you practiced yoga?

If yes, what style of yoga have you practiced? (if known)

How did you hear about this class?

What is your intention for attending Yoga classes?

Do you participate in any other physical activity, e.g. gym work, jogging, swimming, aerobics, badminton, cycling, walking or other?

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How regularly do you do this?

.....

P.T.O >>>>>>

Medical Conditions:

Please tick this box if you *do not wish* to declare medical information

The following information is required to ensure your safety. Whilst yoga may be practised safely by most people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class. Please tick the boxes below if you have any of the following medical conditions and please give details in the space provided. Please feel free to discuss anything further with me in person.

These conditions require specific modifications to your yoga practice.

- Abdominal disorder or recent surgery
- Arthritis (osteo or rheumatoid)
- Back pain (if cause known please state)
- Knee problems
- Hip problems
- Shoulder or neck problems
- Heart disorders
- High blood pressure
- Low blood pressure

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These conditions may affect your practice and so provide useful information for your tutor.

- Asthma
- Other breathing problems
- Diabètes
- Auto-immune disorder (e.g. M.E. M.S. Lupus etc)
- Epilepsy
- Anxiety/depression
- Sensory problems affecting eyes or ears
- Balance problems
- Varicose Veins
- Hernia
- Other (to be discussed with tutor)

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Are you /could you be, pregnant, or have you given birth in the last six weeks? Yes/No

Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga practice? Yes/No *If yes, please provide details.*

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Have you had any recent operations (in the last two years)? Yes/No *If yes, please advise what the operation was.*

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P.T.O >>>>>>

DECLARATION

During Yoga class asana (postures) I may come around to assist you, which will involve placing my hands on you.

Would you have any objection to being assisted by me (or cover Yoga teachers)? **Yes/No***
(* delete where appropriate).

Please note we always ask, before placing our hands, during asana practice and you are more than welcome to decline at any time.

I confirm the above information is correct. I understand that it is my responsibility to: -

- check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class
- advise the yoga tutor of any change in my medical information
- follow the advice given by my doctor and/or yoga tutor

I am happy for this information to be shared with a supply/cover Yoga teacher to ensure safe teaching appropriate to my needs.

Name (please print)

Signed

Date

Another Journey Begins would like to keep in touch about future workshops/events as well as class times and term dates. We will never sell your data and promise to keep your details safe and secure. You can change your mind at any time by emailing info@anotherjourneybegins.com.

YES PLEASE ADD ME to your mailing list as described above: (Tick the box to be added)

Thank you for taking the time to provide this information, if you are unsure about anything please ask me. *Angela*

