



Office Use  
 New / existing/ returning  
 PASS NO: \_\_\_\_\_  
 Casual / \_\_\_\_\_  
 Workshop \_\_\_\_\_

Name \_\_\_\_\_

D.O.B / /

Address \_\_\_\_\_  
 \_\_\_\_\_

Email address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Mobile \_\_\_\_\_

**Emergency Contact details**

Name \_\_\_\_\_

Phone \_\_\_\_\_

How did you find out about Yoga & Beyond? \_\_\_\_\_

| Health History         | (Please tick if they apply) |
|------------------------|-----------------------------|
| Heart Condition        |                             |
| Sciatica               |                             |
| Diabetes               |                             |
| Pregnancy /miscarriage |                             |
| Epilepsy               |                             |
| Arthritis              |                             |
| Anxiety                |                             |
| Depression             |                             |
| Low Blood Pressure     |                             |
| High Blood Pressure    |                             |
| Knee / hip problems    |                             |
| Eye Conditions         |                             |
| Stroke                 |                             |
| Osteoporosis           |                             |

Details of current health issues which MAY be affected by exercise :-  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teacher Notes:

Date Baby Due \_\_\_\_\_

What do you hope to get out of practicing yoga?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. I have clearance from my doctor to attend yoga or other classes. ( If currently being treated for any medical condition).
2. I agree to seek medical advice before continuing / starting classes if I am at all unwell .
3. To my knowledge, there is no medical reason why I should not participate in classes.
4. I agree to accept responsibility for injuries which may be sustained while taking part in Yoga & Beyond classes, workshops and other events.
5. If I am pregnant I will seek advice from my health care professional about participation and I will not do any inversions, twists, backbends or strong core work id I attend classes.
6. I UNDERSTAND THAT EXPIRED PASSES WILL NOT BE HONOURED UNLESS UPDATED

Signature ..... Date .....