



Phoenix Yoga

Coventry & Warwickshire



PHOENIX YOGA - HEALTH QUESTIONNAIRE FORM

Name: _____

DOB: ___/___/___

What goals do you hope to achieve with yoga?

Email: _____

Address:

How did you hear about the class?

Tel: _____

Emergency Contact - Name & Number:

I understand that the activity I am about to participate in is voluntary and I release Heidi Gerrard from liability from any injury. I understand that Yoga may help my general well being but is not a replacement for Medical

Have you taken a Yoga class before?

Sign _____

Do you do any other forms of exercise?

Print _____

What is your occupation?

Date ___/___/___

Do you suffer with any injuries, illness or physical challenges? If yes please describe:

Would you be happy for Phoenix Yoga to use images of you on their website and in other publicity documents?

Yes No