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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Date of Birth | |  | Address | |  | | |
|  | |  |  | | | | |
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| Health Info | | | | |  | | |
| Please provide details of any health issues or medication you are taking which impacts on your ability to participate in a yoga class or that you would like to make me aware of. (you can continue on the back of this form) | | | | | | | |
|  | | | | | | | |
| Please provide details of any health condition or medication I should know about should you become unwell during a class - for example if you are diabetic or carry an inhaler or EpiPen (please advise nature of allergy) | | | | | | | |
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| Pregnant | |  | Yoga Experience | | | | |
| Which of the following applies to you? | |  | How would you best describe your yoga experience? | | | | |
| Pregnant (less than 14 weeks) | 🞎 |  | Beginner | | | | 🞎 |
| Pregnant (14+ weeks) | 🞎 |  | Current Regular Practice | | | | 🞎 |
| Given birth in the last 6 months | 🞎 |  | Some experience but not regular/recent | | | | 🞎 |
| None apply | 🞎 |  |  | | | |  |
|  | | | | |  | | |
| Your Declaration | | | | |  | | |
| By signing this form, you are confirming the information provided is correct (to the best of your knowledge) and also that you have read and agreed each of the statements below.   * I will notify you should I become pregnant or of any change in my health that may impact on my ability to participate. * I understand that it is my responsibility to check with my doctor if I have any concerns about participating in the yoga class. I will follow the advice given. * I understand exercise involves a risk of injury. I participate in these activities with the knowledge of these risks and accept I am responsible for the consequences of participation. | | | | | | | |
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| Data Security | | | | |  | | |
| The information in this form is only seen by me (I share information relevant to teaching with any cover teacher). I am required by my insurer to keep a copy of this form and a record of which classes/workshops you attend.  Your bookings are processed via BookWhen.com which holds your contact email address on my behalf. I also use this contact email to contact you about your specific bookings. In April each year I remove BookWhen.com records for any students who have stopped attending classes (you can re-register at any time). I am happy to delete the information sooner if you wish.  I maintain a student contact email list, so I can let you know information you need about classes – you are deleted from the list if you stop attending classes.  I will not send you marketing information unless you sign-up for email updates | | | | | | | |
|  | | | | |  | | |
| Signature: | | | | |  |  | |
| *Parent to sign if student is under 18 years old* | | | | |  | | |
| Date: |  |  | |