



MY ASHRAM YOGA

Hatha Yoga Student Questionnaire

To be completed by all students joining the yoga class

First Name: _____ Last Name: _____ Date of birth:

(d) _____ (m) _____ (y) _____

Address: _____

_____ Town: _____ County: _____ Postcode: _____

Phone: _____ Mobile Phone: _____ 

Email: _____

Emergency contact name and no. _____

Have you ever attended a yoga class before? YES/NO

If 'YES' how long have you practised yoga? : _____

If 'YES' what style of yoga have you practiced? : _____

How did you hear about the yoga class? _____

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

walking, or other?:

1 _____

2 _____

3 _____

How regularly do you do this?

1 _____

2 _____

3 _____

The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure please consult your GP before commencing class. Please highlight below if you have any of the following medical conditions:

(These conditions require specific modifications to your yoga practice.) If YES please give details.

abdominal disorder or recent surgery arthritis (osteo or rheumatoid)

back pain (if known cause please state)

knee problems

hip problems

shoulder or neck problems

heart disorders

high blood pressure

low blood pressure

If 'YES' to any of the above please give details:

Are you/could you be, pregnant or have you given birth in the last six weeks?

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' to any of the above please give details:

Have you had any operation in the last two years? YES/NO

If 'YES' please advise what the operation was:

PLEASE STATE IF YOU DO NOT WISH TO DECLARE MEDICAL INFORMATION



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Terms and Conditions

- Classes are payable in 4 week block payments.
- 48hour notice is required for a cancellation so that the space can be filled. Payment will be taken for the missed class without this notice.
- The payment of a missed class (due to unforeseen circumstances or when 48hr notice has been provided) will be carried forwards to be used at the end of the pre-paid block of lessons. After this time it will no longer be valid.

DECLARATION

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 condition
- follow the advice given by my doctor/or yoga tutor

I agree to the Terms and Conditions.

Print Name: _____

Signed: _____ Date: _____