



Yoga Class Enrolment Form

For a matter of both safety and courtesy, please answer the following pre-screening questions and bring this along with you to your first class.

The information obtained will be treated as confidential and will not be revealed to any person other than Kendra.

Name: _____

Address: _____

Telephone: _____ email: (for newsletter): _____

Follow social media? Facebook Google + Linked In

I allow photos of myself to be taken at the course. Y/N

Do you have any specific health goals or reasons for enrolling?

Are you currently engaged in any physical activity?

Please explain in detail:

Do you meditate or have you practiced any relaxation techniques?

Please explain:

Medical History

Do you suffer from any form of:

(Past and present)

*	High Blood Pressure	_____	Yes / No
*	Low Blood Pressure	_____	Yes / No
*	Heart / Stroke Condition	_____	Yes / No
*	Diabetes	_____	Yes / No
*	Epilepsy	_____	Yes / No

*	Arthritis	_____	Yes / No
*	Breathing Difficulties or Asthma	_____	Yes / No
*	Back / Neck Pain	_____	Yes / No
*	Regular Headaches	_____	Yes / No
*	Infectious Diseases	_____	Yes / No
*	Clinical Depression	_____	Yes / No
*	Are you pregnant or planning ?	_____	Yes / No
*	Dizziness	_____	Yes / No
*	Cancer	_____	Yes / No
*	Anxiety disorder	_____	Yes / No

Have you undergone any recent surgery?

If so, please describe:

Are you currently taking medication on a regular basis?

If so, please describe:

Have you been referred by your Doctor/Chiropractor/Physiotherapist/Naturopath?

If so, please give name and contact number:

In my opinion, there is no medical reason why I should not take part in the Yoga Class. I understand that all safety precautions will be observed but I agree to accept responsibility for any injuries that may be sustained whilst taking part in these classes.

Signature: _____ Date: _____

please print name

Doctors Consent (if requested): _____