

Yoga Participant Registration Form - page 1

IMPORTANT: Your details will be kept confidential and used only for the purpose of ensuring your safety and wellbeing in participating in this Yoga course.

DETAILS

| | | | |
|--------------|--|--------------------|--|
| Full Name: | | | |
| Address: | | | |
| Mobile: | | Date of Birth: | |
| Other Phone: | | Emergency Contact: | |
| Email: | | Emergency Phone: | |

HEALTH INFORMATION (please tick / explain where applicable)

| | | | |
|-------------------|--|---------------------|--|
| Anxiety | | Headaches | |
| Depression | | Dizziness | |
| Insomnia | | Diabetes | |
| Fatigue | | Epilepsy | |
| Back injury | | Thyroid condition | |
| Shoulder injury | | Hernia | |
| Knee injury | | Ulcer | |
| Joint replacement | | Cancer | |
| Muscular Pain | | Stroke | |
| Arthritis | | Heart condition | |
| Osteoporosis | | High blood pressure | |
| Recent Surgery | | Low blood pressure | |
| Pregnant | | Other condition | |

Do you have a medically diagnosed condition under the care of a GP or Specialist? YES / NO

If so, has your doctor provided clearance for you to participate in this program? YES / NO

Any additional information for instructor attention:

You must be comfortable and pain free throughout the yoga classes

* If you experience pain in any of the poses, stop, and seek advice from your instructor *

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LIFESTYLE

Have you practiced Yoga before? YES / NO

If YES, what style/s and for how long?

Please describe a typical day for you:

What would you like to achieve through this yoga program?
(ie. increased strength / flexibility / fitness / alleviate tension / alleviate stress)

OUR AGREEMENT

I understand that yoga includes physical movements as well as the opportunity for relaxation, stress reduction and relief of muscular tension. As with any physical activity, the risk of injury is always present and cannot be entirely eliminated.

Yoga is NOT a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended during certain medical conditions. I understand that I must consult my health professional prior to commencing yoga in relation to any medical conditions I may have, now or in the future.

I understand that I alone am responsible for the decision to participate in this yoga program and also understand that supportive and appropriate touch for modifying postures is an integral part of the classes.

I understand that it is my responsibility to practice within my personal limits and to decide whether or not to follow the guidance provided. In no way do I, or my heirs, hold the attending volunteer trainee yoga teachers, Shantarasa Yoga or the organisation hosting this volunteer program responsible for any injury or loss I may suffer as a result of my participation in the program.

Accept Yes / No

Signature

Print Name

Date