



### Health Questionnaire for New Students

Regarding the constant update of government guidelines for Covid 19, I ask that you supply your own mat, cushion/ block and blanket.

Please take responsibility for your own health and care. Listen to your body and respect it. Your ability may vary from one session to another depending on your state of wellbeing, fitness, tiredness and/or stress levels. Please practise in a way that feels right for you on any given day.

Pain is the body’s warning system and should not be ignored. Please advise me before commencing any session, if, for any reason your health or your ability to exercise changes (ie. muscle soreness, joint pain, pulled muscles, minor injuries, headaches, high temperature.) Please also inform me immediately if you feel any discomfort during a session.

If you feel unwell (head cold, dizziness, sickness etc.) it would be sensible not to attend class. This is primarily for your safety and well being and to ensure that you do not increase your risk of injury.

As with all forms of physical exercise, please consult a doctor before starting. Yoga from Shine! cannot accept liability for personal injury if your doctor has, on health grounds, advised you against such exercise or if you fail to observe instructions on safety and technique.

#### Data protection

Yoga from Shine! guarantees that your personal information will not be shared with any other parties for commercial purposes.

Name: .....

D.O.B..... (Print Block Capitals)

Email.....

Can we use your email to keep you up to date YES/NO

Mobile.....

If you answer YES to any medical questions, please give details.

Do you have either high or low blood pressure?	Yes/ No	
Do you have any allergies?		
Have you had surgery in the last 12 months?		
Arthritis		
Epilepsy	Yes/ No	
Heart problems	Yes/ No	
Asthma	Yes/ No	
Mental Health considerations	Yes/ No	
Eye problems	Yes/ No	

Musculoskeletal problems eg, neck, shoulders, elbows, hips, knees, ankles	Yes/ No	
Are you pregnant?	Yes/ No	
Any other condition which may impact your ability to practice?	Yes/ No	

I take full responsibility for my health and well being whilst practising yoga, including any injuries. I will inform my yoga teacher trainee of any medical changes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cancellation Policy- In the event that you are unable to attend, please endeavour to provide 48 hrs notice. Cancellations of less than 24 hrs or failure to attend without notice will incur a charge of the full cost