**CoreYogi - Student Information Form**

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| Name |  |
| Address |  |
| Mobile telephone |  |
| Email address |  |
| Date of Birth |  |
| Emergency ContactName & telephone |  |

Please give details if you currently are affected or have been affected by any of the following conditions:

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| Arthritis or any joint pain |  |
| Asthma/shortness of breath |  |
| Heart conditions |  |
| Epilepsy |  |
| Diabetes |  |
| Hearing or sight problems |  |
| High or low blood pressure |  |
| Back problems – painful back or herniated or slipped disc |  |
| Any recent operations |  |
| Pregnancy - or have you given birth recently? |  |
| Do you take any regular medication? |  |
| Any other health issues? |  |
| Have you practiced yoga before? If yes please give details. |  |
| What would you like to gain from attending this yoga class? | Improve general fitness |  |
| Improve flexibility |  |
| Increase strength |  |
| Increase energy levels |  |
| Relaxation techniques |  |
| Improve concentration |  |
| De-stress & release tension |  |
| Are there any other benefits you are hoping to gain from your yoga practice? Please specify. |  |

Yoga is a practice of self-discovery, and it is important to listen carefully to your body, particularly when practicing asana (physical postures). If anything during a class feels painful, uncomfortable or unsuitable for *your* body at that time, come out of the posture & let the teacher know so that a better alternative can be found.

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| I understand that practicing any physical activity comes with a risk of injury, and that it is always recommended to gain approval from a qualified doctor before beginning any new activity. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The information you give will be treated in the strictest confidence & will only be discussed between student & teacher.