

STUDENT INFORMATION FORM (GLENBROOK YOGA SPACE)

(All information will be treated as strictly confidential)

Name: _____

Address: _____

Email Address: _____

Phone number/s: _____

I am a (please circle) **beginner** or **regular practitioner of yoga**

Where did you hear about Glenbrook Yoga Space? _____

HEALTH INFORMATION

Please circle any conditions that apply to you. Describe any physical/mental conditions that would be helpful for your teacher to be aware of. (Use back of page if necessary) If you are in doubt as to the suitability of yoga to your medical situation please see your doctor.

Allergies yes/no _____

Asthma yes/no

Arthritis yes/no

Epilepsy yes/no

High Blood Pressure yes/no

Pregnant yes/no (no of weeks _____)

Low Blood Pressure yes/no

Due date _____)

Osteoporosis yes/no

Heart Conditions yes/no _____ Spinal/Back conditions _____

Recent surgery (include dates) _____

Special Health Problems: _____

Recent Injuries: _____

PLEASE READ CAREFULLY:

Your teacher should be informed **before the class** of any changes to the above health information. Every possible care will be taken by your teacher to ensure your well-being and safety but you must take every precaution to work within your own comfortable limits.

I agree to exercise reasonable and sensible caution for my well-being while practising yoga or any other activity under my yoga teacher's supervision.

Signature _____

Date _____