

PLEASE CIRCLE/highlight/underline choice of class:

Term 2: Tues 26 Apr-Fri 1 Jul 2022

Tues Yoga Relaxation 12-12:30pm \$150 for 10 or \$18 casual

Mon Progressive Yoga 7:45-9:15pm (9wks \$225 or 10wks \$250 if you want a recording/make up for 25th/ Anzac day)

Tues 10AM Beginner /6pm Beginner / Tues 7:45pm Prog Beg. (10 wks \$250)

Thurs 10AM Beginner (Morning = 10wks \$250)

Yoga Therapy & Private - Weds /Fri \$100 (other times available on request but more limited)

Shorter sessions available. Remedial Massage is \$100 for 90 mins (provider # avail from Feb/Mar 2022)

Surname _____ Given names _____

Age _____ DOB _____ Sex M/F _____

Address _____

Email _____

Phone Home _____ Phone Work _____

Occupation _____

Emergency contact:

Name _____ Number _____

Section B: Health, Medical History

Do you have, or have you had in the past: (please tick for YES)

<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Stroke	<input type="checkbox"/> Significant difficulty with Physical Activity
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Palpitations (the feeling that the heart is racing or skipping beats) lasting more than a couple of seconds	<input type="checkbox"/> Chest pain, left arm pain or jaw pain with exertion
<input type="checkbox"/> Asthma	<input type="checkbox"/> Significant Breathing/Lung Problems	<input type="checkbox"/> Surgery in last 12 months
<input type="checkbox"/> Neck or Back Pain Conditions	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Thyroid Conditions	<input type="checkbox"/> Other relevant conditions	<input type="checkbox"/> Muscle or Joint Pain
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Hernia	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> History of cancer in the last three years, apart from minor skin cancers	<input type="checkbox"/> Significant or frequent Dizziness / Vertigo / Falls	<input type="checkbox"/> Diabetes (indicate Type I or II)
<input type="checkbox"/> Difficulties with Balance	<input type="checkbox"/> Any significant Chronic Long Term Illness	<input type="checkbox"/> Mental/Emotional problems
<input type="checkbox"/> Currently pregnant (pls. note trimester)	<input type="checkbox"/> Other (pls. specify below)	

For any box you ticked or anything else relevant, please explain below

Do you use any prescribed medication? Y / N (Please name each medication and what it is for)

Section C: Current Fitness Level

Have you practised yoga before? If so, what system of yoga did you practice and for how long?

Section D: Goals

What are some goals you would like to achieve by practising yoga?

Section E: Advice

If you have ticked any of the conditions in **section B** you should check with your yoga teacher as to whether medical clearance will be required prior to starting a yoga class. Do not come to class feeling unwell especially during this COVID time. I can send you a recorded class on Thursday should you miss a class for any reason. Please follow COVID advice recommended by Yoga In Hornsby bringing your own mat, blanket & clean towel if you need to use a bolster & anti bacterial gel upon entering the room)

You must be comfortable and pain-free throughout all activities. Remain within your personal limitations. If you experience pain or discomfort in any of the practices – STOP – and seek advice.

Should you suffer any injury, illness or condition in the future, please inform your yoga teacher so your records can be updated accordingly and your teacher can advise you appropriately.

Section F: Payment (cheques payable to Esther Becchio) BSB 032285 Acc No 568340

(Term 2 runs for 10 wks (\$250). Returning form and payment upon confirmation secures your weekly spot. Please check availability before paying. *Private Yoga & Yoga Therapy sessions available – please enquire if interested or view website www.yogainhornsby.com to find out more.* Please note that the term fee can not be subsidised due to missed classes but you can make up on another day/night as available whilst you are enrolled. You also have the option to come as a casual but need to pre-book each class to ensure there's space.

Payment enclosed: \$_____ cheque cash BSB (please mark/highlight/circle) Date:

I understand that payment is non-refundable. There is the opportunity for make-ups.

Statement : I have answered the questions to the best of my ability & understand the advice given in Section E. I also understand that the Teacher cannot give me medical advice with regard to my medical fitness and that the information given will be used as a guideline to the limitations of my ability for yoga activities.

Signed (Student)		Date	
Signed (Teacher)		Date	

What is the best way to keep contact with you?

call daytime phone call evening phone call mobile email me

Thank you for completing this questionnaire.

Teacher's Record:

How did you first hear about Yoga in Hornsby?

Was medical clearance indicated? Yes No

If yes, how was it obtained - written letter
 Fax
 Email
 By phone (with permission from student

Date received - _____

Comments /
Notes _____

