#### PLEASE CIRCLE/highlight:

* + - 1. Term 3: Mon 22 Jul – Fri 27 Sep 2019
			2. 10 week term $200 ($20 per 1.5hr class)
			3. Casual: $24 per class if space, Private & Yoga Therapy $90 for 90mins
			4. Mon Yoga Relaxation 12-12:30pm $140 (10 x 30min sessions) or $16 casual
			5. Mon Beginner Yoga 6-7:30pm (10wks $200)
			6. Mon Progressive Yoga 7:45-9:15pm (10wks $200 – as above)
			7. Tues 10AM Beginner /6pm Beginner / 7:45pm Prog Beg. (all 10wks $200)
			8. Thurs 10AM Beginner / 6-7:30pm Teen Yoga (Morning = 10wks $200) (Teen boys – enquire)
			9. Yoga Therapy & Private - Thurs /Weds /Fri $90 for 90mins (times negotiable depending on avail.)
			10. Short privates & kids privates are 45 mins at $45 incl. recordings/home practice

|  |  |  |  |
| --- | --- | --- | --- |
| 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)

|  |
| --- |
|  |
|  |  | Heart Conditions |  | Stroke |  | Significant difficulty withPhysical Activity |  |
|  |  |  |
|  | High Blood Pressure |  | Palpitations (the feelingthat the heart is racing or skipping beats) lasting more than a couple of seconds |  | Chest pain, left arm painor jaw pain with exertion |
|  |  |  |
|  | Asthma |  | Significant Breathing/Lung Problems |  | Surgery in last 12 months |
|  |  |  |
|  | Neck or Back Pain Conditions |  | Arthritis |  | Osteoporosis |
|  |  |  |
|  | Thyroid Conditions |  | Other relevant conditions |  | Muscle or Joint Pain |
|  |  |  |
|  | High Cholesterol |  | Hernia |  | Epilepsy |
|  |  |  |
|  | History of cancer in the last three years, apart from minor skin cancers |  | Significant or frequent Dizziness / Vertigo / Falls |  | Diabetes (indicate Type I or II) |
|  |  |  |
|  | Difficulties with Balance |  | Any significant Chronic Long Term Illness |  | Mental/Emotional problems |
|  |  |  |
|  |  |  |  |  |  |
|  | Currently pregnant |  | Other (pls. specify below) |  |  |
|  |
|  |  | 0-3 months |  |  |  |  |
|  |  | 3-6 months |  |  |  |  |
|  |  | 6-9 months |  |  |  |  |
|  |

**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

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| --- |
|  |

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?**

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| --- |
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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.

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 3 runs for 10 wks - $200 (see top of 1st page). 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***](http://www.yogainhornsby.com) ***to find out more.***

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**  |  |
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