



STUDENT QUESTIONNAIRE

to be filled in when joining yoga class

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name

Address

Telephone number Home Mobile

e-mail

Emergency contact name and tel. no

Have you attended a yoga/mindful movement class before?

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If yes, how long have you practiced?

If you are attending a yoga class with us- what style of yoga have you practiced? (if known)

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Do you participate in any other physical activity, e.g. gym work, jogging, swimming, aerobics, badminton, cycling, walking or other?

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How regularly do you do this?

The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure please consult your GP before commencing class. Please tick the boxes below if you have any of the following medical conditions.

These conditions require specific modifications to your yoga practice. If yes, please give details.

- | | |
|---|--------------------------|
| abdominal disorder or recent surgery | <input type="checkbox"/> |
| arthritis (osteo or rheumatoid) | <input type="checkbox"/> |
| back pain (if known cause please state) | <input type="checkbox"/> |
| knee problems | <input type="checkbox"/> |
| hip problems | <input type="checkbox"/> |
| shoulder or neck problems | <input type="checkbox"/> |
| heart disorders | <input type="checkbox"/> |
| high blood pressure | <input type="checkbox"/> |
| low blood pressure | <input type="checkbox"/> |

These conditions may affect your practice and so provide useful information for your tutor.

- asthma
- diabetes
- auto-immune disorder (e.g. M.E. M.S. Lupus etc)
- epilepsy
- anxiety/depression
- sensory disorder affecting eyes or ears
- balance affecting disorder
- other (to be discussed with tutor)

Are you /could you be, pregnant, or have you given birth in the last six weeks? Yes/No

Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might be adversely affected by yoga/mindful movement practice?

Yes/No

If yes, please provide details.

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Have you had any recent operations (in the last two years)?

Yes/No

If yes, please advise what the operation was.

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DECLARATION

Please tick this box if you do not wish to declare medical information

I confirm the above information is correct. I understand that it is my responsibility to :-

- check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga/mindful movement class.
- advise the teacher of any change in my medical information
- follow the advice given by my doctor and/or yoga/mindful movement teacher.

Disclaimer

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any classes may be injurious to my health, am voluntarily participating in the classes with Susie & Matt Gill at Xenia. Having such knowledge, I hereby release Susie & Matt Gill from liability for accidental injury or illness, which I may incur as a result of participating in the said activity. I hereby assume all risks connected therewith and consent to participate in the said classes. I agree to disclose any physical limitations, disabilities, ailments or impairments, which may affect my ability to participate in the said classes.

Name (please print).....

Signed..... Date.....