



yogaveda

New student form

Name _____ DOB _____

Address _____

Phone _____ Email _____

Occupation _____

Emergency contact info (name and phone number) _____

Do you suffer from or have previously suffered from (in the past 2 years), any of the following conditions?

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Fainting/Blackouts | <input type="checkbox"/> Pain or injury to any major joints |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Disc herniation |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Recent head injury or concussion | <input type="checkbox"/> Hiatus hernia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Recent surgery in the past 3 months |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Pregnancy |

Do you have any allergies? _____

Are you taking any prescription medication?

Have you had botox or fillers injected in the last 6 hours?

If you are 60 or over and have not undertaken regular exercise, do you have a doctor's clearance to attend yoga class?

What type of exercise or activity do you usually do?

What are your goals or reasons for attending class at Yoga Veda?

Waiver:

I understand that participation in physical activity carries some risk. I hereby certify that I am aware of no medical condition (except those already noted) that may increase my risk of illness or injury as a result of my participation in regular physical activity. I have read and have understood this questionnaire and hereby exempt, release and discharge Yoga Veda Adelaide, its employees, agents, contractors, liability for any injury during or as a result of my participation in any future class or program.

Signed _____ Date _____