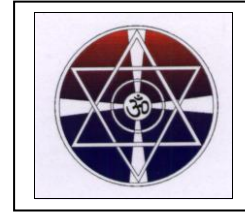


**MOUNT MARTHA HOLISTIC YOGA
CONFIDENTIAL HEALTH ASSESSMENT
& ENROLMENT FORM**



Please Fill in the Following Details:

Name _____ Age _____

Address _____ Postcode _____

Phone a.h. _____ b.h. _____ Mob: _____

Email address if you would like our brochure _____

PERSON TO CONTACT IN AN EMERGENCY

NAME _____ Ph- No: _____

Do you have any of the following?

| | |
|------------------------------|-------------------------|
| Aches from past broken bones | High/low blood pressure |
| Backache | Knee problems |
| Breathing problems | Menstrual problems |
| Heart ailments | Neck problems |
| Digestive problems | Slipped disc |

Are you taking any medication? _____

Is there any other medical reason not mentioned above which could prevent your following a gentle or active programme? _____

How would you describe your general health? _____

What is your experience and expectation of yoga? _____

Conditions (Please read carefully)

1. Please notify me about any health conditions affecting you before class starts.
2. Classes are disrupted by latecomers. As a courtesy to the other class members, please arrive no later than the time class commences.
3. The stomach should be empty before a yoga class, to ensure this try not to eat in the two hours leading up to a class.
4. Storm warnings: You will receive prior warning if classes need to be cancelled due to a storm.
5. Rest assured that every precaution will be taken to look after participants, however, please note all participants take part at their own risk.
6. Please feel free to call Gill on 03 5974 1288 if you have any questions regarding your practice at any stage before, during or after the programme.

I have read, understood and accept the above conditions:

Signature _____ Date _____