

## Registration

First Name: *	Last Name: *
Email: *	Mobile/Phone: *
Address: *	Suburb: *
Postcode: *	Birth date: *
Occupation:	
Emergency Contact Name & Phone: *	

Please disclose any health issues / injuries / illness / conditions / medications or treatment you are receiving which may impact your yoga practice -

Please select (N.B. All information is private and will remain confidential):

Anxiety	Arthritis	Back Condition/s	Cancer
Chronic Pain	Depression	Diabetes	Dizziness
Epilepsy	Headaches	Heart Conditions	Hernia
High Blood Pressure	Insomnia	Joint replacement	Low Blood Pressure
Muscular Cramps / Pain		Osteoporosis	
Palpitations / pain / tightness in chest		Pregnant (please see below)	
Recent Surgery	Spinal Injury	Stroke	Thyroid condition
Ulcer	Other chronic health condition/major injury		

If you have ticked any boxes it is recommended that you check with your health practitioner before participating in a yoga class. Please discuss your condition and any special requirements you may have with your instructor before the class. You must be comfortable and pain free throughout your yoga class. If you experience pain in any of the poses, stop and seek advice from your instructor.

If pregnant, how advanced?:
What are you looking out get out of yoga? (relaxation, flexibility, strength, balance, etc.)

- I accept that whilst every possible care will be taken for my wellbeing and to ensure that no injury occurs, I am responsible for my own safety during class.
- I understand that it is my responsibility to practise within my physical limits.
- I understand that I may choose to follow or to disregard the advice and guidance provided.
- I understand that the instructors at Feel Fyne cannot provide medical advice.

\* (select)      Accept      Decline

Signature: \*

Date: