**Yoga pre-registration form**

Please fill out the following questionnaire prior to your first class. The information received will allow Sophie to plan the yoga classes more effectively to suit your own needs and interests.  
  
Any information you provide will be treated with the strictest confidence. Data will be stored in a password-protected folder and destroyed after three years, in keeping with GDPR protocol.  
  
If you have any questions regarding this form, or wish to speak with Sophie in advance of the class, please contact her on: 07927033754 or [sophie.laggan@gmail.com](mailto:sophie.laggan@gmail.com). **Please also let her know in advance if you can't make any of the yoga sessions.** If you are unable to attend for a medical or family emergency then we can roll over your missed session.

Name: ………………………………………………………………………………..……………………………………………………………………..

Address: ……………………………………………………………………………………………………………………………………………………….

Phone: ……………………………………………………………………………………………………………………………………………………....

Email: ……………………………………………………………………………………………………………………………………………………….

Emergency contact (name & number): …………………………………………………………..…………………………………………………………………………………………..

Have you ever practiced yoga before?

**Yes No**

If YES, please provide further details (e.g. style, for how long, current practice)

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What do you understand yoga to be? There are no right or wrong answers.

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Do you have a yoga mat that you can bring to class?

Yes No

Do you have access to and would be able to carry a towel, small pillow, belt/strap and/or hardback books, should you be asked to bring in props? (It’s unlikely I’ll ask you to brink more than two items in a class)

Yes No

If no, please explain what you would need Sophie to provide:

……………………………………………………………………………………………………………………………………………………….

What is your main reason for coming to yoga sessions?

Exercise Pain relief

Relaxation Philosophy

Stress relief Spiritual

Flexibility Meditation

Other

**Your Health**

The following information is required to ensure your safety. While yoga is accessible to the majority of people, there are certain conditions which require special attention. If you are unsure, please consult and seek permission from a GP before attending a yoga class.

The following conditions **require specific modifications** to ensure you get the most out of your yoga practice. Please tick any of the following that apply to you. For any you tick, please provide more information in the space provided.

Abdominal disorders Arthritis (osteo / rheumatoid)

Back pain/problems Heart conditions / disorders

High blood pressure Hip problems

Low blood pressure/fainting Knee problems

Nerve damage / trauma Osteoporosis

Pain, stiffness swelling Pregnancy / recent pregnancies

Broken bones Surgery (in the last two years)

Shoulder / neck problems

Further details: ……………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………….

The following conditions may affect your yoga practice on a given day. Please tick if any of the following apply to you. If you tick any, please provide further details below.

Auto-immune disorders (e.g. ME, MS) Anxiety / stress / depression

Balance affecting disorder (e.g. vertigo Diabetes

Epilepsy Respiratory problems (e.g. asthma)

Sensory disorders affecting eyes / ears Other (discuss with teacher)

Further details:………………………………………………………………………………………………………………………………. ………….……………………………………………………………………………………………………………………………………………

Is there anything else you would like to tell Sophie?

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**DECLARATION** (Please read the following, tick all the boxes and sign below)

**I confirm that the above information is correct.**

**I take full responsibility for my health during yoga classes.** This includes:

- Listening to my body, my GP and to Sophie and heeding the advice received

- Wearing comfortable clothing that does not restrict movement

- Bringing jumpers/blankets/socks to regulate my body temperature during the final relaxation/cold days

- Informing the teacher of any pain, new injuries or issues that present themselves before each session

- Practising mindfully and safely, within your limits

**I will be mindful of mine and others safety during the class**:

- Reporting any spills or incidents to the teacher if and when they occur

- Storing my belongings away from walkways and exits

**I will be mindful of my health and those of others so as not to spread viruses**. This means:

- Staying at home if I have a cold, fever, persistent cough or loss or change to your sense of small and taste

- Using the hand sanitiser provided

- Bringing my own mat and equipment where possible

**I will inform the teacher if I can’t make a cla­ss at least four hours before its start.** Failure to do so will mean I will not be entitled to a refund.

**I acknowledge that participation in yoga classes exposes me to the risk of injury.** I am fully aware of this risk and hereby release Sophie Laggan from any liability, negligence or other claims arising from or in any way connected with my participation in her classes.

Signed:……………………………………………………………………………………………………………………………………………

Date:………………………………………………………………………………………………………………………………………………