

Zone In Yoga - New Client Form Name…………………………………………………………………………………………

Tel No. …………………………………… DOB ………………………………………….

Email ………………………………………………………………………………………….

Occupation…………………………………………………………………………………

Emergency contact name: ……………………………… Tel: …………………………….

How did you find out about Zone In Yoga? ………………………………………..……

Please answer the following questions:

Do you have High/Low blood pressure? YES NO

Do you suffer from Asthma, Diabetes or Epilepsy? YES NO

Have you ever experienced chest pains when exercising? YES NO

Do you suffer from any joint problems? YES NO

Are you taking any medication? YES NO

Have you done any yoga before? YES NO

What other type of exercise do you participate in? ……………………………………………

Any other information you think is important? …………………………………………………

PLEASE NOTE :

If your health changes or you feel unwell please let us know. If you have a temporary illness such as cold or flu take things easy or please avoid classes until you feel better. You take full responsibility for your own health and safety during class. If you have any reason to believe you may be at risk, check with your Doctor before taking part in any class.

Please tick here if you agree to be added to the Zone In Yoga database. You will receive monthly newsletters and other seasonal emails.

By signing below you agree with our terms and conditions.

Signed: Date:

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