

Real Me Yoga

Health Declaration & Student Information form

Private & Confidential

Important notice: The following information is retained strictly and exclusively for the purposes of health, safety and RMY yoga communications. By providing your details you are agreeing to be kept informed by RMY about activities and to keep RMY informed about your current wellbeing and contact information. RealMeYoga will not digitally store, reproduce or share this data without your prior consent. You may unsubscribe from mailings & withdraw from this arrangement by emailing joanna@RealMeYoga.co.uk at anytime or unsubscribe using the link at www.RealMeYoga.co.uk. 🙏

Student Name: _____ Please print

Address: _____

Tel: _____ Mobile: _____

E-MAIL: _____

My Yoga experience & My Health & wellness goals (please give details):

If at any time you feel unwell during class or any discomfort or strain, come out of the posture gently and rest. It is vital in yoga that you listen to your body and always respect its limits, which can vary day to day.

Declaration: I, the undersigned, understand that yoga is not a substitute for medical attention, diagnosis or treatment. Taking in consideration past or current physical issues/injuries I have the approval of my medical practitioner/specialist to attend yoga. I recognise that it is my responsibility to notify the teacher of any illness or injury before every session.

I accept that neither the instructor or Real Me Yoga, is liable for any injury, or damages, to person or property, resulting from taking the class. (Those under 18 yrs must have this form co signed by a parent/guardian).

Signed: _____ Date: _____

To keep up to date with course dates, times & venues; click on the link below subscribe to the RealMeYoga mailings.

Current limitations/concerns: _____

Do any of the following conditions apply now or in the past, Y/N. Please give details overleaf:

Heart & circulation issues, blood pressure inc varicose veins		Metabolic disease: Diabetes I/II, Parkinson's, MS, ME	
Muscular skeletal issues, where?		Chest/lung. eg asthma, COPD	
Ear/eye conditions inc glaucoma, detached retina		Epilepsy, fainting episodes, claustro/agrophobia etc	
Arthritis, osteopenia/ osteoporosis, rheumatism etc		Recent or on going invasive/ remedial treatment &/surgery. Inc Xrays, medication etc	
Migraine/headaches		Due date if pregnant	
Vertigo/balance issues		fractures/sprains.inc hernia	
Allergy & auto immune conditions inc IBS, Crohn's disease		Joint replacement, bone implants, glasses, hearing aids	
Condition(s) for which you have prescribed medication or exercises you're advised to avoid.		Anxiety, depression, Seasonal Affective Disorder, sleep disorders	

Cont'd/... overleaf Y/N