



Registration Form

(For use by the Tutor only for the purposes of registration, contacting the students in case of cancellation of classes, emergencies, health & safety within the class and unforeseen circumstances.) Information will be kept in compliance with the principles of the Data Protection Act 1998.

Name;

D.O.B;

Address

Email:

Mobile:

Occupation:

Emergency Contact Name:

Emergency Ph:

This yoga class will contain postures, specific breathing, relaxation & meditative techniques. Some of these may be inadvisable or contraindicated if you have certain medical conditions. It is important to let the tutor know if you have any of the conditions below or any other condition that you think your tutor should know about. Please also check with your Doctor if in doubt.

Please tick if you have any of the following conditions:

Please tick	yes	no
Diabetes		
Heart condition (history of heart attack, angina etc)		
High blood pressure		
Low blood pressure		
Joint condition (knee, hip, shoulder etc, please state which joint)		
Arthritis (where?)		
Back or spine conditions (such as Spondylitis, Scoliosis, Sciatica etc)		
Asthma or any other breathing condition		
Pregnancy		
ME/MS		
Depression		
Abdominal surgery (last 3 years) or Hernia		
Epilepsy		
Please give specific details if you have any of the above		

1. Do you take any medication or have any medical condition or sensory loss which may affect you during class? YES / NO

If yes, please tell me what I can do should you experience difficulties or what your requirements are so that I may take the appropriate action.

2. Do you have any other condition, injury, illness, recent operation or physical disability which you consider I should know about? YES / NO
If so please mention it:
3. What do you hope to achieve from your practise of Yoga?
4. Do you have any previous yoga experience? YES / NO
If so, how long have you practiced for & which style did you / do you practice?
5. How did you hear about the classes at Om Yoga Works?
Google search, friend recommendation etc

I understand that some of the practices are inadvisable or contraindicated when suffering from certain medical conditions.

I accept personal responsibility for my health, safety & well-being during this class.

Signed: _____

Date: ___/___/___

Please inform the tutor if any of this information changes during the course.

Subscribe me to your e-mailing list YES/NO

Data Protection All information gathered through this registration form is treated as confidential and will not be shared with a third party. Data collected is only viewed by the teacher of the class. By signing this disclaimer, you are agreeing to your data being kept securely online or in a locked cupboard or similar if this form as being printed on paper. Your data is kept for a number of years after your last session with your teacher, as stipulated by the insurance company of the teacher whose class you attend.

By signing this disclaimer, you are agreeing to your email and/or phone number being used by the teacher at Om Yoga works to inform you of class changes.

We occasionally send newsletters to inform of class updates and new sessions that may be of interest to our students, for this we use a secure permission-based email system (Squeezymail).

You will be sent an email to confirm that you would like to Opt-In to our newsletter mailing list if you have ticked the option box to 'subscribe to our newsletter' on the website or registration form. Subscription preferences may be changed by you at any time. For the full Data Protection statement please visit the website: www.omyogaworks.co.uk/about/data-protection-privacy-policy/

I consent to my personal details being kept by the teacher at Om Yoga Works whose class I attend. This is to enable the classes to be tailored to my needs and for the teacher to contact me when needed. I understand that this file will be securely stored whilst I am an active customer at Om Yoga Works and then for the time needed for insurance purposes.

Signed: _____ Date: ___ / ___ / ___