

Registration form



Name:

Address: Postcode:

Home #: Mobile:

Email:

Age Group: -25 26-35 36-45 46-55 56-65 65+

Yoga Experience: (no. of years)

Pilates Experience: (no. of years)

Yogalates Experience: (no. of years)

Do you Play Any regular Sport/physical activity? Yes? No? If Yes, Which

Occupation:

Please provide ANY medical history or other circumstances that may impede your full participation in the 'Yogalates™' Practice, this includes ANY old injuries which may impede this full participation.

Anxiety or Stress?	<input type="checkbox"/>	
Arthritis?	<input type="checkbox"/>	(type?.....)
Pregnancy?	<input type="checkbox"/>	
Blood Pressure?	<input type="checkbox"/>	High <input type="checkbox"/> Low <input type="checkbox"/>
Depression?	<input type="checkbox"/>	
Eye Problems?	<input type="checkbox"/>	(type?.....)
Heart Disease/cardiovascular?	<input type="checkbox"/>	
Spinal Conditions (Sacroiliac (SIJ) injury?)	<input type="checkbox"/>	(type?.....)
Recent Surgery?	<input type="checkbox"/>	
Respiratory Conditions e.g. Asthma	<input type="checkbox"/>	(type?.....)
ANY Joint injuries?	<input type="checkbox"/>	Strains <input type="checkbox"/> Replacements <input type="checkbox"/> Tightness/Pain <input type="checkbox"/> Reconstruction <input type="checkbox"/>
If injury please specify which?		(.....) Date? (.....)
Currently on any medication, If so, Which?		(.....)
ANY Other (Diabetes, Hypoglycaemia, Dizziness, Shoulder/low back pain, Menopause difficulties etc?)	<input type="checkbox"/>	
NONE OF THE ABOVE	<input type="checkbox"/>	

HOW & WHERE DID YOU HEAR ABOUT US?

The Solomon Yogalates™ provided by 'Shar-la' is a very safe & effective system of exercise; much care is taken by your instructor to ensure your well being. However it is essential that you take full responsibility for yourself during your practice.

I the undersigned declare that I have disclosed (on this Form) all relevant health and medical details which may affect my ability to perform exercise. I agree to honour my body by adjusting my practice according to my capabilities to ensure that no personal injury occurs.

Signature: Date: