

Shar-la

Registration Form

Primary contact Name: 1. Age:

Primary contact Address: Postcode:

Mobile: Email:

HOW/WHERE DID YOU HEAR ABOUT US? _____

Full Names & Ages of all attendees:	2.		Age:
3.	Age:	4.	Age:
5.	Age:	6.	Age:
7.	Age:	8.	Age:
9.	Age:	10.	Age:

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?		
Arthritis?		
Pregnancy?		
Blood Pressure?		
Depression?		
Eye Problems?		
Heart Disease/cardiovascular?		
Spinal Conditions (Sacroiliac (SIJ) injury?)		
Recent Surgery?		
Respiratory Conditions e.g. Asthma		
ANY Joint injuries?		
If injury please specify which?		
Currently on any medication, If so, Which?		
ANY Other (Diabetes, Hypoglycaemia, Dizziness, Shoulder/low back pain, Menopause difficulties etc?)		

Please write your name next to any of the above if applicable. If there are more specific things please discuss with me PRIOR to your class.

The Solomon Yogalates™ method 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.

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

Signatures: 1. 2.

3. 4.

5. 6.

7. 8.

9. 10.

Date: