

Shar-la Yogalates Registration Form

Name:

Address: Postcode:

Home Phone: Mobile:

Email:

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

What brings you to class?

Yoga / Pilates / Yogalates experience? 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"/> | |
| <hr/> | | |
| NONE OF THE ABOVE | <input type="checkbox"/> | |

HOW & WHERE DID YOU HEAR ABOUT US? _____

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.

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: