



Jemma Burrell

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New Student Registration Form

Personal Information

Name: _____ Date of Birth _____

Street Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

* This information is used to inform you of any timetable changes, news and events and will not be passed to any third parties.

Emergency Contact Name and Phone No:

How did you hear about Little Windmill Yoga: _____

Have you practised yoga before? YES/NO

If YES please provide details of the type of class and how long/often you practiced:

What interests you about yoga?: (I.e. Postures, Meditation, Breathing, Chanting)

Agreement

I am participating in yoga classes and workshops offered by Little Windmill Yoga and Wellness, during which I will receive information about yoga, meditation and health. I recognise that yoga requires physical exertion that may be strenuous and may cause physical injury and I am fully aware of the risks involved. I agree to check with my doctor or therapist if I have any difficulties or concerns about taking part in the class. I agree to advise the teacher of any medical conditions I may have and if those conditions change at any time. I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program. I voluntarily and expressly waive any claim I may have against Little Windmill Yoga and Wellness for injury or damages that I may sustain as a result of participating in the program.

Signature: _____ Date: _____

Health Questionnaire

Do you have any of the following conditions? If YES please provide details:

High Blood Pressure NO/YES _____

Low Blood Pressure NO/YES _____

Heart disease NO/YES _____

Arthritis NO/YES _____

Diabetes NO/YES _____

Epilepsy NO/YES _____

Asthma NO/YES _____

Depression NO/YES _____

Eye Problems NO/YES _____

Recent Operations NO/YES _____

Current or recent pregnancy NO/YES _____

For the below questions please indicate the location on the diagram below and advise the types of movement that cause pain:

Joint Pain NO/YES _____

Muscle Pain NO/YES _____

Back Pain NO/YES _____

Are there any other conditions we should be aware of?

NO/YES _____

