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Welcome to YogaWay Pilates & Yoga Studio,

We would like you to take the time to fill in this form so we can get to know you as an individual. At YogaWay we endeavour to let you progress at your own physical and mental pace. The following information will help us to know and understand you better. Please note this information will remain confidential.

Name _____

Phone Number: _____ Cel: _____

Email: _____

Would you like to receive info/newsletters? _____

Occupation: _____

Date of Birth: _____

Have you practiced yoga before? _____

Do you exercise at the moment? _____

Please list any past and recent injuries: _____

Do you suffer from any medical condition or illnesses? (eg. Arthritis, high or low blood pressure, asthma, heart condition, neck or back pain): _____

Are you currently taking any medication? _____

Are you pregnant? _____

What time of the day would be most practical for you to join a yoga or pilates class? _____

Please note: We advise that you seek medical attention prior to beginning the practice of yoga or pilates if you suffer from any health condition or have an injury.

SPECIAL PRECAUTIONS & LIABILITY WAIVER

- It is advisable to have the clearance of your medical doctor before starting any new exercise regimen, including yoga.
- Please always alert the instructor before class if any new or recurrent condition, injury, discomfort, pain, etc arises.
- I do not and will not in the future hold Melissa Brake or any of the YogaWay instructors responsible for any injuries, pain or discomfort suffered by me as a result of participation in yoga classes.

Signature _____ Date _____

FOR OFFICE USE ONLY

Processed:

Date:

Payment: _____

Payment Method: Cash _____ EFT _____