

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:.....