Yoga Elephant - New Client Form 

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| To be completed by yoga participants and returned to [chantel@yogaelephant.co.uk](mailto:chantel@yogaelephant.co.uk). All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation. | |
| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email:** |  |
| **Emergency contact name:** |  |
| **Emergency contact tel. no:** |  |

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| **Have you attended a yoga class before?** |
| **If yes, how long have you practised yoga and what style of yoga have you practised?** |

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| **How did you hear about Yoga Elephant?** |

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| The following information is required to ensure your safety. Whilst yoga may be practised safely by most people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class. Please tick the boxes below if you have any of the following medical conditions. | | | |
| **These conditions require specific modifications to your yoga practice. If yes, please give details.** | | | |
| Abdominal disorder or recent surgery |  | Arthritis (osteo or rheumatoid) |  |
| Unspecified back pain/ problems |  | Spinal injury |  |
| Joint replacement |  | Knee problems |  |
| Hip problems |  | Shoulder or neck problems |  |
| Heart disorders |  | High blood pressure |  |
| Low blood pressure |  | Other |  |
| **Further information:** | | | |
| **These conditions may affect your practice and so provide useful information for your tutor.** | | | |
| Asthma |  | Diabetes |  |
| Anxiety/depression |  | Auto-immune disorder (e.g: M.E., M.S., Lupus etc.) |  |
| Epilepsy |  | Balance affecting disorder |  |
| Respiratory issues |  | Migraine |  |
| Sensory disorder affecting eyes or ears |  | Other (discuss with tutor) |  |
| **Further information:** | | | |

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| **Please tick this box if you do not wish to declare medical information** |  |
| **Have you had any recent operations (in the last two years)?** | |
| **Do you have any old injuries that still trouble you? Or any other medical conditions not covered above that might**  **be adversely affected by yoga practice? If yes, please explain.** | |
| **Are you /could you be, pregnant, or have you given birth in the last six weeks?** | |

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| **Do you participate in any other physical activity, e.g: gym, jogging, swimming, aerobics, cycling, walking or other?** |
| **How regularly do you do this?** |

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| **DISCLAIMER FOR ONLINE YOGA CLASSES**  A regular yoga practice is good for your health and wellbeing, but it can be physically challenging and carries with it  risks that cannot be completely eliminated.  These include the risk of personal injury, or the exacerbation of existing  injuries or conditions, or damage to property around you during your participation.  Online yoga classes are live streamed to a restricted number of participants. During the class, you (or anyone else  who comes into the frame, including children) may be visible to other participants. No recording of the class will be  made.  Please note that although you appear on video link during the live stream of the class, the teacher may not be able to  see you clearly or instruct you individually as is possible in a face-to-face teaching scenario.   Participant Rules:   * You must act responsibility and sensibly at all times. * You must not participate if you are under the influence of alcohol or non-prescription drugs. * Your teacher is not able to express an opinion that you are fit to safely participate in any classes. You must obtain professional or specialist advice from your doctor before participating if you are in any doubt. * Clear enough space to safely carry out the poses without hitting items around you. * Check that the device you are using is securely positioned and will not interfere with your movement. * Listen to your body. Follow any safety instructions or suitable modifications or adjustments to the asanas (poses) as instructed. * Never continue with a class or a movement that is too difficult, or if you feel any discomfort.     In the absence of any negligence or other breach of duty by the Yoga Elephant yoga teacher, participating in online  yoga classes are entirely at your own risk. |

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| **DECLARATION** | |
| I confirm the above information is correct and that I take responsibility for my own health and safety whilst participating in Yoga Elephant yoga classes whether online or face-to-face. I also understand that it is my responsibility to:   * check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class * advise the yoga teacher of any change in my medical information or ability to participate in the yoga class * follow the advice given by my doctor and/or yoga teacher.   I confirm that I have read and understood the Disclaimer for Online Yoga Classes. | |
| **Name (please print):** |  |
| **Signed:** |  |
| **Date:** |  |

In order to comply with the General Data Protection Regulations, it is necessary to check whether or not you are happy for me to retain your contact details, and to email you information I think will be useful to you, including training and events, and relevant updates. I only hold information when it is necessary for me to carry out my work, and when you have given me permission to do so.

To ensure that I only communicate with you in the manner of your preferred choice, can you please indicate below your preference(s) or otherwise, when contacting you.

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| **Means of communication** | **YES** |
| Post |  |
| Email |  |
| Telephone |  |

Please note that you are able to amend these choices at any time by contacting me via email [chantel@yogaelephant.co.uk](mailto:chantel@yogaelephant.co.uk).