Chair Yoga Registration Form

Name:

Address:

Phone:

Email:

Emergency Contact:

Please circle YES or NO:

Is there a history of heart disease, stroke in the family?	YES	NO
Do you sometimes have pains in your heart and chest?	YES	NO
Have you a heart pacemaker fitted?	YES	NO
Are you a diabetic and require insulin?	YES	NO
Do you suffer asthma or have difficulty breathing?	YES	NO
Do you ever feel faint or have spells of severe dizziness	YES	NO
Has your doctor said your blood pressure was too high or too low?	YES	NO
Has your doctor ever told you that you have a bone, joint or back Problem, such as arthritis that has been aggravated by exercise, or might be made worse with exercise?	YES	NO
Have you been recently hospitalised or are on prescription medication? YES. NO		
Are there any other conditions that may affect your safety to Please give details:	YES	NO

Have you circled YES to one or more of the health questions? We would recommend that you consult your doctor before taking part to obtain advice or medical clearance,

Disclaimer

1. Participants agree to enter into this program at their own risk. The program involves a range of light/moderate exercises.
2. It is the participant's responsibility to seek medical advice or clearance if for any reason they are unsure about their physical ability to take part in this program,
3. Any information or advice given by the teacher does not replace professional advice,

I have read and understood the contents of this form, Including the "Disclaimer" section above. The information I have supplied is true and correct to the best of my belief.

Signature:

Name (Print):

Date:

MindBody Inclusive

Chair Yoga Registration Form

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Please circle YES or NO:

- Is there a history of heart disease, stroke in the family? YES NO
- Do you sometimes have pains in your heart and chest? YES NO
  Have you a heart pacemaker fitted? YES NO
- Are you a diabetic and require insulin? YES NO
- Do you suffer asthma or have difficulty breathing? YES NO
  Do you ever feel faint or have spells of severe dizziness YES NO
  Has a doctor said your blood pressure was too high or too low? YES NO
- Has your doctor ever told you that you have a bone, joint or back
- Problem such as arthritis that has been aggravated by exercise, or
- Might be made worse with exercise? YES NO
- Have you been recently hospitalised or are on prescription medicine? YES NO
- Are there any other conditions that may affect your safety to Undertake moderate exercise? YES NO
  Please list _____

Have you circled YES to one or more of the health questions? We would advise you to consult your doctor before participating in order to obtain advice or medical clearance.

Participants to wear appropriate clothing for exercises. Please bring a water bottle with you and 2 x bath towels. Thankyou!

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Signature: _____

Name(Print): _____

Date: _____