



Divine Yoga Participants & Client Registration Form

All information will be treated in the strictest confidence

ABOUT YOU	Name:		
Address:			
Tel Home:		Mobile:	
Email:		Emergency No.:	

YOU & YOGA	✓Level of experience	None	Up to 1 year	1-2 years	Over 2 years
Style:			Where:	When:	
Interested in ✓:	Exercise		Stress Relief	Philosophy	Breathing
	Relaxation		Flexibility	Meditation	Social
	Others (please specify)				

YOU & LIFE	DOB		19	Please make clear any physical or medical conditions of which I should be aware (complete overleaf if necessary):	
What other types of exercise do you practice?					
Details & duration of any currently prescribed medication?					
Details if have been hospitalised in the last 10 years?					
Please ✓ if you suffer from any of the following, give details of each condition in the box below:					
Heart Disorder?		Back Conditions?		High Blood Pressure?	Low Blood Pressure?
Arthritis?		Rheumatism?		Diabetes?	Epilepsy?
Allergies?		Eye Conditions?		Breathing Disorders?	Asthma?
Migraine?		Depression?		Are you pregnant?	Post-natal & when?
Hiatus Hernia?		Thyroid?		Parkinsons?	Cancers?
Do you smoke?		Other(give details)			
Give details of all conditions above (continue overleaf if necessary):					
Please advise if you have any other injury, illness or conditions not featured above (complete overleaf if necessary):					

SIGNED & PRINT NAME:		DATE:	
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