



Mind the Yoga Client Information Form

Name _____

Date of birth _____

Mobile Number _____

Email address _____

Emergency contact name and number _____

Have you practiced yoga before? If so, what style and for how long?

Have you any experience of meditation? Please give details.

Do you have any injuries or anything else going on with your body that I should be aware of?

How are your joints? (Ankles, knees, hips, back, neck, shoulders, wrists)



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Are you pregnant or have recently had a baby? _____

What is your work/daily life like?

Do you currently take any other form of exercise?

What would you like to gain from your yoga practice?

Do you give permission to be added to the Mind the Yoga mailing list to be kept up to date with new classes and workshops (you can easily unsubscribe and I only send around one email per month)

Yes /No (please circle)

Disclaimer

I hereby release Ali Parker of Mind the Yoga from any responsibility or liability due to my participation in breath work and yoga sessions. I am fully aware that I am participating in these sessions at my own risk and will not hold Mind the Yoga responsible in the event of my incurring or exacerbating any previously existing conditions. If I have any medical/mental-emotional conditions I have consulted with my physicians/practitioners to make sure that yoga is appropriate for me to participate in.

Signed / Date _____

If signing on behalf of an under 18 please give name and relationship to the student:
