wendYogini

Information given on this form is strictly confidential. By signing this Registration and Health Screening Form, you are confirming that the information provided on this form is accurate and correct.

Registration and Health Screening Form	
FULL NAME:	**Emergency Contact Details**
ADDRESS:	Please include an emergency contact including name, telephone number and this person's relationship to you.
DOB:	
GENDER:	
EMAIL ADDRESS:	
MOBILE TELEPHONE NUMBER:	

Please use the space at the end of this form to complete sections where you are lacking in space.

Medical History & other questions (please tick where appropriate)	**YES**	**NO**
Do you or have you ever had problematic blood pressure?		
Do you or have you ever had any heart problems? E.g. Angina, Heart Attack, Irregular beat, Heart Failure		
Have you had a stroke?		
Do you have epilepsy?		
Do you or have you ever had any breathing problems? E.g. COPD, asthma, lung problems		
Do you have hearing or eyesight problems?		
Do you or have you ever suffered from faintness / dizziness / falls?		
Do you have diabetes?		
Do you have any bone problems? E.g. arthritis, osteoporosis / osteopenia		
Have you had any surgery before?		
Do you have any relevant allergies? E.g. latex		
Do you have any mental health conditions? E.g. dyspraxia, dementia, depression		
Do you have any relevant conditions under investigation?		
Do you have any problems with your memory?		
Do you use a walking aid?		
Do you have any other conditions at all?		
Do you need help to get up from the floor?		
Are you pregnant or have you given birth in the last 6 months?		
If you answered **YES** to any of the questions above, please provide more details. Please be as specific as possible.		

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<u>Musculoskeletal Injuries</u> (injuries that affect your muscles and joints) Injuries that affect your movement: Please detail any injuries to your back, neck, torso, hips, knees, ankles, feet, shoulders, elbows, wrists or hands. Please describe any special considerations or how your injury currently affects your ability to function.

Are you taking any medication? (please highlight) **YES** **NO** If you answered **YES** regarding medication, please provide more details. Specifically, how your medication might affect your performance during and after you exercise – Effects AND Side Effects. **Please be as specific as possible. Please consult with your doctor if you are unsure.**

What, if any, **physical activity** do you currently take part in? Please include frequency and duration. Please **DO NOT INCLUDE** these sessions.

Have you done any **yoga** before? If so, please include the type of yoga, when and frequency.

Where did you learn about these classes?

Has your GP or hospital consultant suggested that you attend this yoga / meditation class?
(please highlight) **YES** **NO**

If you answered 'Yes' to any of the above, it is your responsibility to seek authorisation from your GP or healthcare professional to participate in yoga / meditation classes and to follow any guidance given by a doctor.

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I acknowledge that I am responsible for listening to my body and to stop practising if I feel discomfort, pain or for such other reason as I deem necessary.

As a condition of enrolment, I accept full and complete responsibility to participate and take part at my own risk. It is my responsibility to inform the instructor of any health or medication changes including ANY new or unusual symptoms and results of any investigations or treatment.

Online sessions:

WendYogini's in person classes are risk assessed considering your participation in yoga / meditation in the space you are practising. As you will be practising in your home environment you will need to risk assess your own space and sign attesting the fact that you have identified any potential risks of injury and acted to mitigate these risks. Below is a list of things to consider:

- Do you have a drink available for hydration?
- Is there enough air flow in your space?
- Is the temperature warm / cool enough considering the activity?
- Have you prepared physical support for yourself if needed? This may be a sturdy chair, a wall or a counter-top

You need to practise on a sticky yoga mat and in a space that is level and slip / trip hazard free. You also need to create a safe space with at least 2 feet around your mat which is free of obstruction and has no sharp corners or breakable objects.

If you choose to turn your camera off during the session, you do so at your own risk.

When I invite you to the meeting / session I will write:

'By joining this meeting (yoga / meditation session) I agree that I have risk assessed my own exercise space, minimised the risk of injury and deem it safe to participate. I therefore participate in this space at my own risk.'

I have read and understood WendYogini's Terms and Conditions (including Fitness, Health and Safety matters) and Privacy Notice and confirm that the details set out on this Registration and Health Screening Form are accurate and correct.

Signed:	Date:

Please use this space to provide any additional information: