**YOGACROW.UK**

**CONFIDENTIAL STUDENT QUESTIONNAIRE**

(Please complete and return BEFORE your first session)

*All information given will be treated in the strictest confidence and stored in accordance with GDPR (General Data Protection Regulation). They will NEVER be shared with any other 3rd party. You reserve the right to alter any of your data, to review how they are used or to request its return to you. If you feel that there is a breach of them, you can contact the ICO (Information Commissioners Office).*

*By completing this form, you also indicate your consent to receiving news, information, offer & discount messages from me. On each occasion that I contact you in the future you will be given the option to opt-out from receiving such messages.*

*Please fill out the form and tick the relevant boxes below as completely as possible. If you have any questions, please do not guess and ask for assistance when needed.*

[***www.yogacrow.uk***](http://www.yogacrow.uk) ***|*** ***yogacrow.uk@gmail.com*** ***| 00447982944217***

**Personal Details**

**[ ]**  Mr. / [ ]  Mrs. / [ ]  Miss **-** Name: Date of Birth:

Address: Post Code:

Phone No | Home: Mobile:

E-mail:

**Emergency Contact**

[ ] Mr. / [ ] Mrs. / [ ] Miss - Name:

Phone No | Home: Mobile:

**Yoga Experience & Other Exercises**

Have you attended a yoga class before? [ ]  Yes [ ]  No

If yes, how long have you practised yoga and what style?

Do you participate in any other physical activity? (Please provide details.)

How regularly do you do this activity?

What would you like to gain from yoga?

How did you hear about this class?

**Medical Information**

***The following information is required to ensure your health & safety. Whilst yoga is being practised safely by the majority of the people, there are certain conditions which require special attention. If you are unsure, please consult your GP before commencing class.***

**Declaration**

[ ]  **Please tick the box ONLY if you DO NOT WANT to declare medical information. In this case, I may not be able to assist you according to your needs and may refer you back to your doctors for a confirmation of yoga as a suitable practice for you.**

I 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.
* inform the yoga tutor about any change in my medical information.
* follow the advice given by my doctor and/or yoga tutor.
* remain on screen when participating in a remote yoga session.I understand that for any periods of time throughout a remote session during which I move off screen or are outside of the teacher’s view, whether intentionally or not, no liability will arise on the part of the teacher.

***Please tick the boxes below if you have any of the following medical conditions:***

These conditions require specific modifications. If yes, please give details below.

[ ] Abdominal disorder or recent surgery

[ ] Arthritis (osteo or rheumatoid)

[ ] Back pain (if known cause please state)

[ ] Knee problems

[ ] Hip problems

[ ] Shoulder or neck problems

[ ] Heart disorders

[ ] High blood pressure

[ ] Low blood pressure

[ ] Detached retina or Glaucoma

These conditions may affect your practice and so provide useful information for your tutor.

[ ]  Asthma

[ ]  Diabetes

[ ]  Auto-immune disorder (e.g. M.E. M.S. Lupus etc)

[ ]  Epilepsy

[ ]  Anxiety/depression

[ ]  Sensory disorder affecting eyes or ears

[ ]  Balance affecting disorder

[ ]  Other (to be discussed with tutor)

Are you/could you be pregnant, or have you given birth in the last eight weeks? [ ] **Yes** **[ ] No**

Do you have any previous injuries that still trouble you? Or any other medical condition that is not covered above which might be adversely affected by yoga practice? [ ]  **Yes** **[ ]  No**

If yes, please provide details

Have you had any recent surgery or broken bone (in the last two years)? [ ]  **Yes** **[ ]  No**

If yes, please state how long ago and what the surgery was.

Are you taking any medication or receiving any other treatment which might affect your practice? **[ ]  Yes** **[ ]  No**

If yes, please provide details

**Guidelines for before & during your yoga sessions:**

* Please ask your teacher the extra guidelines of remote teaching if not attached on this one.
* Wear loose, comfortable clothing with no jewelry if possible. Have a hard case with you for your glasses.
* Best not to eat much 2 hours prior to a class. Have your light snack at least 1 hour before your practice.
* In colder days / seasons, wear warm clothing in layers, warm socks and have a blanket with you for relaxation.
* Modifications and variations for each posture will be shown to allow students to work in their own level and ability. No need to be an advanced practitioner. Postures are taught in stages. However, always practise in your own measures, abilities and range of limits with no strain in the body & mind.
* Complete the health questionnaire / registration form and return it electronically or bring it to your first class. It will enable me adapting poses to suit your health conditions or previous injuries. No student will be accepted to the sessions prior to receiving the completed health form.
* Please always try to arrive the classes before the starting time to settle on your mat quietly. Allow yourself around 10 min. before your first session to discuss your medical form with the teacher. Late arrivals may cause distraction and disturbance for all.
* Please always inform the teacher if pregnant or if you have any recent injury, surgery, illnesses or health condition which may affect your yoga practice.
* If in doubt, please seek advice from your doctors as to whether yoga is suitable for you.

***I, the undersigned, understand that yoga is not a substitute for medical attention, diagnosis or treatment. If I have old or current physical issues/injuries, I have the approval of my doctor to attend the yoga session or any self-practice plan designed for my needs, and I recognise that it is my responsibility to notify the teacher of any illness or injury before every session, whether in-person or remote, and/or before every self-practice-plan (SPP) request. I will not perform any posture to the extent of strain / pain. I accept that neither the instructor, nor YogaCrow.UK, is liable for any injury, or damages, to person or property, resulting from YogaCrow.UK sessions or SPP.***

***All information on this form is correct to the best of my knowledge and I have sought and followed any necessary medical advice.***

*(Those under 18 must have this form signed by a parent/guardian.)*

Name (please print):

Signed:

Date: