

title		first name				surname					
address											
						postcode		<input type="text"/>	<input type="text"/>		
e-mail address											
phone number (daytime)					phone number (evening)						
mobile number											
date of birth (DOB)				<input type="text"/>	<input type="text"/>	<input type="text"/>	sex (please tick)			male <input type="checkbox"/>	female <input type="checkbox"/>
emergency contact name						phone number					
relationship to you											

If you answer yes to any of the following questions we will ask you further questions and may request that you consult with your doctor before you take a class, your doctor will be able to advise you as to your suitability for further physical exercise. the answers given by you do not in any way substitute for a medical examination.

have you ever been diagnosed with a heart condition?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
have you ever been recommended only medically supervised exercise?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
do you feel pain in your chest at rest or when doing physical activity?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
do you suffer from epilepsy?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
have you ever been diagnosed with high blood pressure?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
do you have joint problems which may be made worse with exercise?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
do you ever lose consciousness or control of your balance due to dizziness?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
are you pregnant or have you given birth in the last 3 months?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
is there any other reason that exercise or activity may not be suitable for you?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>

details of any question to which you answered yes

declaration

I have read and fully understand this form and i confirm that, to the best of my knowledge, the answers given by me are correct and accurate. i know of no reason why i should not participate in any form of physical exercise or any activity suggested to me by an employee or representative of breeze yoga. i acknowledge that any suggestions from any such employee or representative regarding exercise, healthcare and nutrition are neither diagnostic nor prescriptive. i agree to notify you of any future changes to the above answers before continuing to exercise. you may use the information provided by me in this form together with any other information that i may provide to ascertain whether physical exercise is appropriate for me and if necessary to seek further information from my doctor or other specialist. by signing this form i agree to the use of my information as stated in this form.

signature	date
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please tick box if you do NOT wish to be contacted via e-mail