



JUDI DOES YOGA STUDENT QUESTIONNAIRE



All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation. Please print clearly in block capitals.

Name: **M/F**

Tel No: Email:

Have you attended a yoga class before? **Yes/No** How many years experience?

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

Do you currently have any health issues **YES/NO (delete as applicable)**

If YES was indicated please give details including medication below:

DECLARATION

Please tick this box if you do not wish to declare medical information

I have read and understood the Online Yoga Guidance Notes & Privacy Policy

I would like to receive information from Judi about Yoga offerings

I confirm the above information is correct. 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.
- Advise the yoga tutor of any change in my medical information.
- Follow the advice given by my doctor and/or yoga tutor.

Signed

Date:

[Type here]

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Judi Needham-Crane