



Yoga Class Registration Form

Name	
Address	
Telephone	
Email	
Mobile Phone & Email Group	I consent to have my mobile telephone number and email address to form part of a Thoughtful Actions SMS and email group, only to be used to advise students of any scheduled changes. Please circle Yes or No

Please circle Yes or No to the following questions.

1	Do you have a heart condition which requires you to only do physical activity that has been recommended by your doctor?	Yes	No
2	Do you feel pain in your chest when you do physical exercise?	Yes	No
3	In the past month, have you had chest pain when not doing physical activity?	Yes	No
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No
5	Do you have a bone or joint problem that could be made worse by a change in physical activity?	Yes	No
6	Is your doctor currently prescribing drugs for your blood pressure or heart condition?	Yes	No
7	Are you pregnant?	Yes	No
8	Do you know of any other reason why you should not do physical activity?	Yes	No

If you answer yes to any of the above eight questions, you will be required to obtain a medical clearance (**complete the table below**) to undertake the proposed forms of physical activity. This clearance must be obtained from a registered Australian medical practitioner.

Doctor's Name		Doctor's Registration No.	
Doctor's Phone No.			
Doctor's Declaration	My patient does or does not (circle one) have my clearance to undertake physical activity in the form of yoga postures in a structured yoga class environment.		
Doctor's Signature		Date	

Informed Consent

I recognise and understand the risks involved in participating in physical activity in the form of yoga postures. The execution of yoga postures may involve the use of equipment. I am voluntarily participating in the execution of yoga postures and using equipment with the full knowledge, understanding and appreciation of the risks involved.

Participant's Signature		Date	
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