

Leo takes your contact details to inform you of any class cancellations due to holidays/sickness etc. If you are happy for Leo to contact you to let you know of any class changes, please indicate below. If you do not select this, your details will not be stored and you will not be contacted. You can change this selection at any time.

YES - I am happy to be emailed/texted by Leo

NO - I would rather not be contacted by Leo

Life Balance Yoga

Classes in Kent. Egerton – Maidstone

Health Declaration Form

Name:.....Address:

.....Postcode:

Home Phone No: Mobile No:

Email:

Emergency contact Name and Number:

Have you any of the following conditions (Please tick):

Hypertension (High blood pressure)	
Osteoporosis – arthritic conditions (if yes please provide details overleaf)	
Detached retina (if yes please provide details overleaf)	
Meniere’s Disease (if yes please provide details overleaf)	
Asthma or Allergies (if yes please provide details overleaf)	
Varicose veins	
Nose bleeds	
Myalgic Encephalomyelitis (ME)	
Are you diabetic? If so type I or II (if yes please provide details overleaf)	
Crohn’s disease (if yes please provide details overleaf)	
Endometriosis, Ovarian cysts, Fibroids (if yes please provide details overleaf)	
Prolapse (if yes please provide details overleaf)	
Physical disabilities (if yes please provide details overleaf)	
Mental health issues (if yes please provide details overleaf)	
Have you had an operation in the last 3 years (if yes please provide details overleaf)	

If you suffer from any of the following, then these classes may not be suitable for you: Parkinsons, HIV/AIDS, heart disease (Angina) or if you have had a heart attack, Epilepsy, Multiple Sclerosis, auto-immune diseases e.g. Fibromyalgia, Myasthenia Gravis. General classes are not suitable for new students who are pregnant. Please contact the teacher for advice.

If you suffer from any of the following conditions, please let the teacher know: thyroid problems, low blood pressure, whiplash, restless leg syndrome, tinnitus. Also please inform the teacher before class if you are menstruating.

Do you have problems in any of the following areas: (Please circle and detail in box below).

Neck	Shoulder	Back	Hip	Knee	Ankle	Elbow/Arm	Pelvis

“I have completed this Health Declaration page to the best of my knowledge and have not withheld relevant details. I understand that yoga is a physical activity which may result in injury and that I undertake classes at my own risk. I give my consent for my contact details to be stored electronically.”

Signature:

Date:

Where did you hear about these classes?