

NAME _____

EMAIL _____

PHONE _____

AGE 17-34 35-44 45-64 65+

HOW DID YOU HEAR OF CLAIRE MCLELLAN YOGA _____

HAVE YOU DONE YOGA BEFORE, IF SO HOW LONG? _____

What is your main reason for wanting to do yoga: _____

| Do any of these health conditions apply to you | If YES give details |
|---|------------------------|
| High blood pressure | |
| Low blood pressure/fainting | |
| Arthritis | |
| Diabetes | |
| Heart problems | |
| Asthma | |
| Detached retina/eye problems | |
| Depression | |
| Recent fracture/sprains | |
| Recent operations | |
| Back problems | |
| Knee problems | |
| Neck problems | |
| Recent pregnancies | |
| Pregnant now | |
| Do you have any other conditions that are likely to cause you concern doing yoga? | |

I will take full responsibility for my health during the yoga classes, including any injuries and I have permission from my doctor that I am able to do yoga.

I give permission to add me to Claire McLellan Yoga email database. Specify if you do not

SIGN HERE.....