

2024

**Health and Wellness Form**

**Please provide Information about yourself:**

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| --- | --- | --- | --- |
| First Name  |  | Surname  |  |
| Mobile  |  | Email  |  |

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of your **emergency contact:**

|  |  |
| --- | --- |
| Name  |  |
| Contact No.  |  |

**Have you practiced Yoga before?**
If yes, please provide details e.g. type of yoga, how long.

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**What aspects of Yoga most interest you?**
i.e. Strength/Flexibility, Relaxation, Breathwork etc.

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**Do you have any medical conditions?** Please state yes or no.
**If yes**, please provide details of medication and whether illness is short or long term.

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**Is there anything else you would like to make the instructor aware of?**
i.e. Tendency to have back/limb/period pains, balance issues, sleep problems etc.

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**Responsibility for my own health**

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By ticking this box I declare, as far as I’m aware, that I have disclosed to the Tara Centre all relevant health information relating to the practice of Yoga. I take full responsibility over my health in the Yoga sessions and for all applications of Yoga I practice outside of class. Should there be any medical changes I will consult my doctor and inform the relevant teacher.

**Data Protection**

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The personal information in this form is necessary for the Tara Centre to provide classes and services to you safely. This information is stored securely and only kept for as long as required by law. Please tick here to confirm that you have read our privacy policy available on www.taraomagh.com/privacy-cookies/ and give your consent to the holding of this information.

**The information in this form is correct at the time of signature and will be considered valid for 12 months. Any changes to this information will be verbalised to Mandy Currans by myself.**

**Signed: ………………………………….**

**Dated: ……………………………………**