



# YOGA

loft

## Registration Form

Mr/Mrs/Ms/Miss/Dr First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M  F  Age \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Mob) \_\_\_\_\_ (Bus) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you done yoga before? If so what style of yoga?  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Indemnity Waiver

### INDEMNITY

I hereby agree that YOGA loft, it's Directors or nominated agent shall not be liable, for any loss, damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by YOGA loft, its Directors or its agent. I am aware of the possible health and safety risks associated with participating in physical exercise and consent to any reasonable exercise, which may from time to time be strenuous. I have made YOGA loft, its Directors or it's agent aware of any relevant medical or health problems that I currently or likely to suffer from and have obtained a clearance from a registered medical practitioner to participate in physical exercise. (Applies to males over the age of 35 years and females over the age of 45). I acknowledge sole responsibility for any personal equipment. I consent to receive medical treatment, which may be deemed necessary in the event of injury, accident or illness. (If you are under 18 years of age, a signed consent of your legal guardian must be obtained.

### ESSENTIAL CONDITION OF ENTRY

It is the policy of Yoga Loft that, as an essential condition of entry, class participants not be under the influence of alcohol or any substance that may affect their ability or behaviour towards other class members, staff or visitors. YOGA Loft Pty Ltd reserves the right for its management and staff, in their absolute discretion, to refuse entry and or participation in any class to any person acting contrary to this policy.

I acknowledge reading the above INDEMNITY AND ESSENTIAL CONDITION OF ENTRY and by signing below, agree to YOGA Loft's Indemnity Waiver and furthermore by signing below, agree to comply as a condition of entry to Yoga Loft.

SIGNED ..... DATE .....

Please Turn Over





## YOGA loft Health and Fitness Evaluation

Your main goal for practicing yoga: \_\_\_\_\_

### MEDICAL PROFILE

1. Do you suffer from any Heart conditions? \_\_\_\_\_
2. Do you frequently suffer from chest pains? \_\_\_\_\_
3. Do you often feel faint or have spells of dizziness? \_\_\_\_\_
4. Do you suffer from high blood pressure? \_\_\_\_\_
5. Do have any joint problems such as arthritis? \_\_\_\_\_
6. Epilepsy? \_\_\_\_\_
7. Back Problems? \_\_\_\_\_
8. Muscle Problems? \_\_\_\_\_
9. Diabetes? \_\_\_\_\_
10. Do you take any prescription medicine? \_\_\_\_\_
11. Asthma? \_\_\_\_\_
12. Are you Pregnant? \_\_\_\_\_

If you have answered yes, to any of these questions please list any details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OFFICE USE ONLY

<b>Casual</b> Express		Casual - Drop In	\$20 intro deal
FREE class pass	Greenie Pass	Competition winner	

**Class Time:** \_\_\_\_\_

**Class Date:** \_\_\_\_\_

**Extra Purchases (water etc):** \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_

**Payment type:** EFTPOS—CASH—CREDIT

**Entered by:** \_\_\_\_\_