

# Sharon Mayfield



## Hatha Yoga Classes Registration Form

### Personal information:

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Postcode:</b>	<b>Telephone:</b>
<b>Email:</b>	

### Next of Kin/Emergency Contact

<b>Name:</b>	<b>Relationship to you:</b>
	<b>Telephone:</b>

This yoga class will contain physical postures, specific breathing, relaxation and meditative techniques. Some of these may be inadvisable or contraindicated if you have certain medical conditions. It is important to let me know if you have any of the conditions below or any other condition that you think I should know about. Please also check with your doctor if in doubt.

The following information is treated as confidential. (see privacy policy) Please indicate if you experience any of the conditions mentioned and provide details that may affect your ability to practice yoga. Classes can be tailored to your needs.

I experience/have experienced:

- Heart condition.....
- Breathing problems.....
- Joint Problems.....
- High/Low blood pressure.....
- Back/neck pain/injuries.....
- Headaches.....
- Diabetes.....
- Joint condition.....
- Abdominal Surgery in last 3 years.....
- Epilepsy.....
- Depression/anxiety.....
- Other health issues.....

I am pregnant Y/N

**More about you:**

How did you hear about this class? .....[SEP]

Is there anything you would particularly like to gain from attending yoga classes?[SEP]

.....

Have you practised yoga previously? (what/when/how long for).....

.....

If you'd like to say more about yourself or any health issue, please do so below

I understand that this paper form will be securely stored whilst I am an active customer of Sharon Mayfield, and then for 7 years for insurance purposes.[SEP]

please confirm you have read and agree

To let you know about new services that may be of interest to you and yoga news, videos and general updates I use a secure permission-based email system (MailChimp). You need to opt-in to receive these emails.

**I would like to be sent news and information** by email and understand that my subscription preferences may be changed by me at any time.[SEP]

please confirm you have read and agree

**Disclaimer (please read and sign below)** When attending a class with Sharon Mayfield you take full responsibility for your own health and wellbeing during the class and when you practise anything taught in your yoga class, in another location.

Please ensure that you inform Sharon Mayfield of any health issues that may affect your ability to practice yoga. It is your responsibility to keep Sharon Mayfield informed of any changes which may affect your wellbeing during classes. It will help you benefit even more from the classes.

**Payments**

Payments can be made via PayPal cheque or cash. 'New' students may make weekly payments for the first half term, subsequently all payments are to be paid in advance for the upcoming half term. All payments are final and I can not refund or transfer class payments for any reason (other than for cancellations made by me).

## Data Protection

All information gathered through this process is treated as confidential and will not be shared with a third party. Data collected on this form is kept securely. Health information is not stored in any electronic form but kept in paper form and securely stored and only viewed by the teacher of the class or service which you have booked. Your data is kept for 7 years after your last session with me, as stipulated by my insurance company.

By signing this disclaimer you are agreeing to your email being used by Sharon Mayfield to inform you of class changes and service updates relating directly to the service you have booked, via phone or email.

For my full Data Protection statement please visit my website:

<http://www.sharonmayfield.com/privacypolicy>

Signature.....

.Date.....