



Jamuna Yogashala Registration Form

Course Plan: _____

Start Date: _____

Personal Information

Full Name: _____

Age: _____

Gender: _____

Address: _____

Email: _____

Contact Number: _____

Emergency Contact Number: _____

Experience Level: ☐ Beginner ☐ Intermediate ☐ Advanced

Health & Safety

To safeguard your wellbeing, **any existing health conditions or injuries must be declared before participating in the class.** This ensures that the practice can be adapted safely to your needs. If health issues are not disclosed, **Jamuna Yogashala cannot be held responsible for any resulting discomfort or injury.**

I am a **qualified First Aider & Fully Insured**, ensuring a safe & supportive environment for all participants.

Client Health & Activity Questionnaire

Welcome to Jamuna Yogashala. To ensure your yoga practice is safe, supportive, and tailored to your needs, please complete this health and activity questionnaire before your first class. All information will remain confidential and will help us understand your physical condition, experience level, and personal goals. Thank you for taking the time to share this with us.

SECTION 1 — Activity & Lifestyle

Do you currently engage in regular physical activity?

- Yes
- No

Do you do any form of exercise during the week?

- Yes
- No

If yes, please specify the type of exercise and number of hours per week.



Have you practised yoga before?

- Yes
- No

SECTION 3 — Health Information

How would you describe your current health condition?

Are you currently receiving any medical treatment?

- Yes
- No

If yes, please provide details including GP/Healthcare Provider information.

Do you carry any inhalers or medication with you during physical activity?

- Yes
- No

If yes, please specify.

Emotional Wellbeing

Have you experienced distress, trauma, or significant emotional challenges in your life?

- Yes
- No

(Optional) If you wish to share more, please do so here.



SECTION 4 — Physical Ability & Limitations

Are you able to understand and follow instructions during physical activity?

- Yes
- No

Do you have any physical limitations, injuries, or conditions that may affect your ability to participate in yoga?

- Yes
- No

If yes, please describe.

SECTION 5 — Goals & Expectations

What are your expectations from Jamuna Yogashala yoga classes?

Do you have any specific goals or requirements you wish to achieve through these classes?

SECTION 6 — Additional Information

Do you have any questions or concerns before beginning your yoga practice?

FINAL SECTION — Important Notice & Confirmation

Important Notice: *It is the responsibility of the yoga practitioner to inform the instructor of any recent injuries, changes in health condition, or medical concerns. Jamuna Yogashala will not be held responsible for any undeclared health issues or injuries.*

Confirmation: I confirm that the information provided is accurate to the best of my knowledge.