

laura henry  
**harrogate yoga**

for well-being in mind, body and soul

*Your Health*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

Age if less than 18 years \_\_\_\_\_

*Health Information - For your safety it is important that Laura knows whether you have any of the following conditions, please specify below. This information is confidential.*

Back problems or a history of such problems

Eye or ear problems

Heart or blood pressure problems

Hernia

Asthma/bronchitis

Recent operations

Pregnancy or given birth in the last 9 months

Any problems with joints

Injury

Any other condition that restricts movement or affects balance

Any condition for which medication is necessary

Hearing or sight problems that could affect your participation in the class

*If you develop any of the above conditions during the course please let Laura know.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

How did you hear about classes at Harrogate Yoga? \_\_\_\_\_

*Regular practice of yoga can optimise the potential for good health – through better sleep, better digestion, a stronger immune system, plus greater resilience to the mental and physical stresses of everyday life.*