



Phoenix Yoga

Coventry & Warwickshire



PHOENIX YOGA - HEALTH QUESTIONNAIRE FORM

Name: _____

DOB: __/__/__

Email: _____

Address: _____

Tel: _____

Emergency Contact - Name & Number: _____

Have you taken a Yoga class before?

Do you do any other forms of exercise?

What is your occupation?

Do you suffer with any injuries, illness or physical challenges? If yes please describe:

What goals do you hope to achieve with yoga?

How did you hear about the class?

I understand that the activity I am about to participate in is voluntary and I release Heidi Gerrard from liability from any injury. I understand that Yoga may help my general well being but is not a replacement for Medical

Sign _____

Print _____

Date __/__/__

Would you be happy for Phoenix Yoga to use images of you on their website and in other publicity documents?

Yes No

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www.phoenixyoga.org