

# Insight Vinyasa Yoga Registration:

## La Trobe University Bendigo

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to receive a monthly yoga newsletter and class update by email: YES/NO

**I am a:**

Referral  BSA Platinum member  Non Platinum student  General Public

### Yoga Experience

I HAVE/HAVE NOT practiced yoga before.

I am currently involved in a regular fitness program: YES/NO

What I would like to achieve from my yoga class:

\_\_\_\_\_  
\_\_\_\_\_

Special medical/physical considerations

\_\_\_\_\_  
\_\_\_\_\_

### Participant Questionnaire

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES/NO

In the past month have you had chest pain when not doing a physical activity? YES?NO

Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES/NO

Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES/NO

Do you know of any reason why you should not do physical activity? YES/NO

### Informed Consent

I have been informed, understand and am aware that strength and flexibility exercises including Vinyasa Yoga are potentially hazardous activities. I have been informed, understand and am aware that these activities involve a risk of injury and that I am voluntarily participating in these activities with full knowledge, understanding and appreciations of the dangers involve.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date:

For more information on Vinyasa yoga, visit Annie's website [www.annietownsendinsight.com](http://www.annietownsendinsight.com)