

Yoga Classes 2011

Booking Form & Medical Questionnaire



Hannah
Lovegrove

Full name and address:

Occupation & Age:

Tel:

Mobile:

Email:

Emergency Contact number/name:

Your Yoga Experience (years & style):

Which classes would you like to join?

How did you hear about these classes?

Do you have any allergies or intolerances?

Important Health Information.

Please read the following carefully and tell me if you have any serious medical condition, such as:

Hypertension, Heart Disease, Cancer or Benign Tumour, Epilepsy, Diabetes, Meniere's Disease, Detached Retina, AIDS, MS, ME, recent post-operative conditions, Depression.

Do you have any muscle or joint problems?

Are you currently receiving medication or any medical treatment?

Are you pregnant?

Please advise if you have any condition not mentioned above. Please also check with your medical practitioner. Then sign below to show that you have read and understood the above.

Signed:

Date:

Contact details:

Hannah Lovegrove, Til's Dairy, Marshwood, Bridport, Dorset DT6 5QL

Tel: 07971 434336

Email: hannah@hannahlovegrove.co.uk

Web site: www.hannahlovegrove.com

Payments: BACS – Sort Code: 40 08 38 Account No: 51279602.

Cheques should be made payable to Hannah Lovegrove.