



Yoga Synergy Registration Form (Confidential)

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ABN: 94 082 087 634

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In order to help satisfy your expectations in these classes it is good to know your background and needs and it is important that we understand any physical problems you may have.

Full Name					
Email Add.					
Postal Add.				Post code	
Work Phone		Home Phone		Mobile Phone	
Birth date	____ / ____ / ____			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Please tick the following boxes and specify details where asked.

Do you have any?	Yes	No	If Yes, please specify
Shoulder problems			
Neck problems			
Back problems			
Knee problems			
High/Low Blood Pressure			
Asthma			
Recent surgery			
Medications			
Heart problems			
Glaucoma			
Are you pregnant?			How many weeks?
Please mention any other problems			

Are you being treated by a Physiotherapist or other health practitioner? (If Yes, please specify)

Yoga History	Yes	No	If Yes,
Have you done yoga before?			Whom with?
Are you a yoga teacher/ trainee teacher?			Please state where:
Are you a health practitioner?			What do you practice and where?
Please specify any particular areas of yoga interest you have?			

PLEASE TURN OVER, READ THE BACK PAGE AND SIGN

Special Notes:

- Yoga postures can be improved by us physically adjusting you from time to time. If you do not want any physical adjustments please tell your instructor before or during the class.
- You should advise us on any problems on a class-to-class basis.
- Women should inform us if they are menstruating as certain postures are then not suitable
- Move carefully into poses and remain in control of your body.
- Rest when you need to and come out of a pose if you are not comfortable with it.
- Care is taken by instructors to ensure your well-being and safety. However, as a student of Yoga it is important that you realize your responsibility to yourself; therefore it is necessary for you to read the following and sign below.

NOTICE:

This notice is intended for the information of all persons attending any class or utilising any services provided by Yoga Synergy Pty Limited (ACN 082 087 634) hereinafter referred to as Yoga Synergy at any premises where Yoga Synergy conducts its business. Persons so dealing with Yoga Synergy are hereinafter referred to as the student.

1. All students warrant:-
 - a. They have not or do not presently suffer from any medical condition which would be adversely affected by taking part in any activity conducted by Yoga Synergy: or
 - b. Any such condition has been disclosed to a director of Yoga Synergy prior to commencing any activity.
2. Yoga Synergy will not accept responsibility for any injuries or damages sustained or suffered by any student resulting from any existing or pre-existing medical condition or any aggravation to such condition where this has not been disclosed as indicated in 1 above.
3. All students undertake classes and services with the knowledge in some instances some degrees of physical discomfort or injury may result and Yoga Synergy will accept no responsibility for any such events and the student hereby releases Yoga Synergy from any liability in this regard.
4. Yoga Synergy attempts at all times to provide a safe environment for the conduct of its activities and accepts no responsibility for any loss or damage sustained by any student as a result of using the facilities provided by Yoga Synergy or the premises where such activities are conducted.

AGREEMENT: *I understand that the instructions given by teachers at Yoga Synergy are intended only as a guidance, and realize it is my own responsibility to adjust my practice according to my limitations to ensure that no personal injury occurs. I hereby declare that I take full responsibility for myself during my attendance at Yoga Synergy classes. I also understand the importance of correct guidance and undertake not to pass on nor to teach any of the Yoga and other techniques without full understanding.*

Signed: _____

Date: ____ / ____ / ____