

**Physical Activity Readiness Questionnaire - Form (PARQ)**

For most people yoga should not pose any problem. If you have any concerns about your health, please tell me and see your doctor before participating.

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| **PERSONAL DETAILS** |  |
| Name |  |
| Address |  |
| Phone number |  |
| Email |  |
| Date of birth |  |
| Emergency contact name |  |
| Emergency contact phone number |  |

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| **YOGA / FITNESS HISTORY** |  |
| Have you done yoga before? |  |
| If yes, what type, when and how often? |  |
| What other exercise or activities do you currently do? How often? |  |
| If you are participating in aerial yoga please give your height and weight |  |

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| **REASONS FOR DOING YOGA** | **Yes**  Please give details where appropriate | **No** |
| Fitness, flexibility |  |  |
| Reduce stress |  |  |
| Doctors suggestion |  |  |
| Other, please give details |  |  |
| What do you hope to gain most from this yoga class? |  |  |
| Do you have any concerns about the class? |  |  |
| Are you happy for your posture to be adjusted by the teacher during the class? |  |  |

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| **MEDICAL HISTORY & HEALTH ISSUES** All answers will remain confidential but will be taken into account when planning your yoga class. |  |
| Do you have any medical condition that might affect your practice? Eg. high or low blood pressure, arthritis, heart condition, joint problems. |  |
| Have you had any operations or recent injuries? If yes, please give details and when. |  |
| Are you pregnant, trying or recently been pregnant? |  |
| Do you have any limitations in your physical activity level, or movements that cause you pain? |  |

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| **SPECIAL DIETARY REQUIREMENTS**  All meals at our retreat are plant based. Though some diary foods are also available. Please advise if you have specific dietary requirements. |  |
| **ALLERGIES**  Please advise if you have any allergies that we should be aware of in advance. |  |

**In Yoga Practice:**

* Always warm up gradually and work at your own pace. Never force your body into any posture during the class.

• Be patient and allow gradual progression. Feel free to stop and rest at any time.

I understand that fitness activities involve a possible risk of injury and I confirm that I am voluntarily participating in these activities. I agree to assume and accept all such risks of injury. I take full responsibility for monitoring my own physical condition at all times and I understand that by participating it is at my own risk and I will not hold class organisers responsible for any injury or loss or harm of any kind that may result directly or indirectly from participating in this class. Should I develop a condition that affects my ability to exercise or there are any changes in my health or medical treatment, including injuries, I will inform my instructor immediately and stop exercising if necessary. I will act with all due care to safeguard my own safety and that of fellow students.

Signature:…………………………………………………………….. Date:……………………..

This Physical Activity Form becomes invalid if your condition changes in any way and it is your responsibility to advise any changes prior to participating. The personal information you provide is kept confidential and will not be shared with any third party organisations. By signing this form you agree to be contacted by Lorraine Clissold and Yogandspice Ltd with class updates and events that may be of interested to you. You can opt out at anytime.