

EVERYDAY INSPIRATION YOGA HEALTH SCREEN QUESTIONNAIRE



Date _____

Mr Mrs Miss Dr First Name: _____ Surname: _____

Address: _____ State: _____ Post code _____

Date of Birth ___ / ___ / ___ Mobile # _____ Home Ph # (____) _____

EMAIL: _____ MALE FEMALE

CONTACT PERSON IN CASE OF EMERGENCY:

First Name: _____ Surname: _____ Mobile # _____

Home Ph # (____) _____ Relationship to you: _____

HOW DID YOU HEAR ABOUT US Flyer Facebook Friend/Family Paper
Signage Website Passing by Other _____

If a friend or referral who were you referred by: _____

WHAT WOULD YOU LOVE TO ACHIEVE BY JOINING OUR YOGA FITNESS PROGRAMS?

Weight Loss Tone up Increase Strength Relaxation Fitness Rehab from Injury
 General Wellness Improve self confidence Flexibility De-Stress Other _____

Have you ever participated in a Yoga Class previously? Y/N What is your past experience with yoga?

MEDICAL HISTORY:

Your health is our highest priority. If you have any existing or pre- existing conditions you may be required to provide a certificate from a registered medical practitioner prior to being granted permission to participate in an exercise program. If you believe there is a risk to your own or any other participants health and safety by participating in an exercise program then an authority at Everyday Inspiration Yoga must be informed in writing about the risk. If you answer yes to one or more of the questions below, you may be required to talk to your Dr before participating in a physical activity program.



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MEDICAL HISTORY CONTINUED:

Answer questions honestly and carefully. Do you suffer from or have ever suffered from the following?

Please (✓) in column and give details below if the answer is yes.

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Heart / Vascular Problems		Taking Medications		Hepatitis	
Stroke		Epilepsy		Asthma	
Chest Pains		Blood Pressure high/low		Hay Fever	
Diabetes		Cancer		Skin Disorders	
Liver / Kidney Problems		Hernia		Dizziness / Fainting	
Pregnant		Joint Problems		High Cholesterol	
Operation in last 2 years		Eye Problems		Rheumatic Fever	
Other, give details below					

Details _____

WAIVER: I have read and disclosed all information regarding my current health status. I acknowledge that I am aware there is an inherent risk of injury, death or ill health resulting from the participation in exercise programs in general. I therefore undertake to utilise these services only at my own risk and I hereby waive on behalf of myself, my heirs and executors hereafter liability against Everyday Inspiration and it's employees and agents for any injury, illness, death or adverse changes in my medical condition or state of health (wether permanent or temporary), arising directly or indirectly from my use of facilities and/or other services provided, wether supervised or not by Everyday Inspiration staff. I acknowledge that the services which are subject to this waiver of liability include, but are not limited to, fitness and dietary assessments, exercise programs including Yoga Fitness, workshops and demonstrations and all advice and directions relating to such services. I have read, understand and are in agreeance of this Waiver

Your Name: _____ Signature _____ Date ___/___/_____

- Before participation in any class or service provided by Everyday Inspiration the Health screen Questionnaire must be completed, agreed upon, returned and signed by the acting participant.
- Children are not allowed on the premises (ie. brought to class) for safety reasons.
- All payment/s is/are to be made in advanced of participation of classes, workshops, one on one private tuition and any service provided by staff of Everyday Inspiration.
- Bookings are essential and any cancellation of bookings made inside a 24 hr period are subject to a late cancellation and will be charged at the normal rate.
- Direct Debit membership is paid fournightly - Cancellation must be in writing with 2 weeks notice
- All paid up front memberships/passes are non refundable
- 5 and 10 visit passes have an expiry date of 6 months from original purchase, 20 visit pass has an expiry date of 12 months.
- Everyday Inspiration management hold the right to refuse entry to any participant dressed inappropriately, acting in an offensive manner or who do not abide by terms and conditions
I have read, understand and are in agreeance of Everyday Inspiration Terms & Conditions

Your Name: _____ Signature _____ Date ___/___/_____