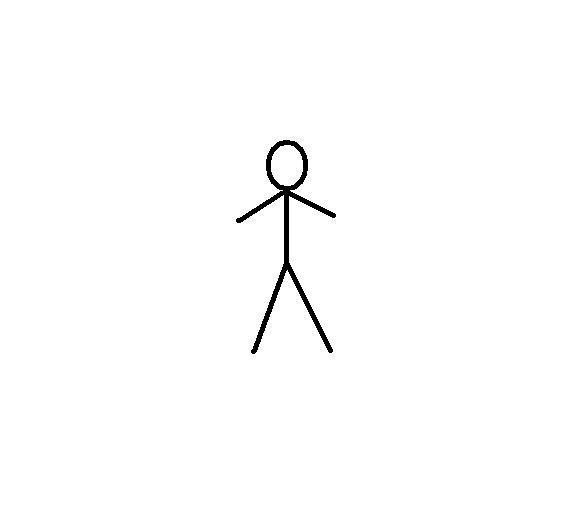
|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | |
| **Email Address:** Click or tap here to enter text. | |
| **Mobile:** Click or tap here to enter text. | |
| **Location of Retreat Attending:** Sutton Courtney 2020 | **Date of Retreat Attending:** 15/05/2020 |

**Part 1 - Health and Yoga Questionnaire**

Please complete this and return with your booking form. The following information is needed to ensure your safety and for insurance purposes.

|  |  |
| --- | --- |
| **Do you have a regular practice of yoga?** | Choose an item. |
| **If yes, which style? e**.g. Hatha, Ashtanga | Click or tap here to enter text. |
| **How often do you practice each week?** | Click or tap here to enter text. |
| **Do you participate in any other forms of physical activity?** e.g. gym, running, cycling, aerobics, etc | Choose an item. |
| **If Yes, please detail.** | Click or tap here to enter text. |

Please circle any area below where you have pain or there is a problem. Is this a result of injury/ illness/ operation?



Please describe any movement that that may cause problems for you (use the stick figure if possible or write below)

Click or tap here to enter text.

Whilst yoga may be practiced safely by the majority of people, there are certain conditions which require special attention. If you are unsure, please consult your GP before booking on the retreat.

Please indicate in the left column if you have a history (H) with any of the following: If it is still current (C), please indicate in right column.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | H | C |  | H | C |  | H | C |
| Anaemia |  |  | Circulation problems |  |  | Hearing problems |  |  |
| Abdominal Surgery |  |  | Depression |  |  | Heart problems |  |  |
| Arthritis |  |  | Diabetes |  |  | Insomnia |  |  |
| Asthma |  |  | Digestive problems |  |  | Menstrual Problems |  |  |
| Auto immune disorder |  |  | Disc Problems |  |  | Migraine |  |  |
| Balance problems |  |  | Eliminative Problems |  |  | Neck Problems |  |  |
| Back Pain – please circle  -upper, mid, low |  |  | Epilepsy |  |  | Pregnancy |  |  |
| Blood Pressure |  |  | Eye Problems |  |  | Respiratory problems |  |  |
| Cancer |  |  | Hayfever/Allergies |  |  | Shoulder Problems |  |  |

|  |  |
| --- | --- |
| **Have you had surgery or an operation in the last two years? Please give details** | Click or tap here to enter text. |
| **Other: Please give details** | Click or tap here to enter text. |
| **Do you need your practice adapted or modified in anyway due health issues? e.g. chair, blocks, straps etc? Please provide details** | Click or tap here to enter text. |
| **Are you under treatment by a doctor or other health professional? Any medication or supplements?** | Click or tap here to enter text. |
| **What else do you feel that we yoga teachers need to know about you?** | Click or tap here to enter text. |

I confirm the above information is correct. I understand it is my responsibility to:

* Check with my Doctor if I have any difficulties or concerns about my ability to participate in the retreat
* Follow the advice given by my Doctor and or yoga teachers
* Work to my own level of practice, being respectful to my body at any given moment and not pushing myself to a point of injury or pain.

**Part 2 - Your Interests and Needs** - what you want to get from the retreat and future preferences with regards to our contacting you.

|  |  |
| --- | --- |
| **What is your main reason for booking to come on the retreat?** | Click or tap here to enter text. |
| **What is the one thing you would most like to walk away with at the end of the weekend?** | Click or tap here to enter text. |
| **Which of the retreat activities described are you most interested in?** | Click or tap here to enter text. |
| **Do you have any allergies or special food requirements? (e.g. gluten free)** | Click or tap here to enter text. |
| **What else do you feel that we need to know?** | Click or tap here to enter text. |

How did you find out about this Yoga Retreat? (Please select as appropriate)

Newsletter  Poster/Flyer  Press Advertisement  
   
  Personal Recommendation  Website (please specify) Click or tap here to enter text.

Other (please specify) Click or tap here to enter text.

We would like to keep you informed of future events. courses, retreats and/or workshops via the address and/or email address you have given above. Please tick the box below if you do not wish to receive such information (note: your details will not be passed on to third parties).

I do not wish to be contacted about future events

PLEASE TURN OVERLEAF

**Data Protection.**

All data is held in accordance with data protection legislation and the In8 Yoga Privacy Policy.

We are committed to protecting your personal information and to being transparent about the information we hold about you. We do not share your data or personal details with any third parties. All data collected is held in accordance with the In8 Yoga Privacy Policy, data protection legislation and is held in strictest confidence. Details of this are available at our website [www.in8yoga.com](http://www.in8yoga.com). By signing this document, you are agreeing to the In8 Yoga privacy policy.

I confirm the information I have submitted is correct, understand and agree with all the information above.

Signature: Date: Click or tap to enter a date.

Thank you for completing this form – we really look forward to welcoming you to the retreat in May.

Om Shanti,



Gayl & Janet