



Personal Details Form

Name:

Date:

Phone:

Email:

Please complete the following questions by circling the answer & providing details where needed. This will assist in tailoring yoga sessions to best suit your needs. Information provided is confidential.

→ What is your experience with Yoga? (provide details of classes & length of time)

→ Do you have any medical condition/s that may affect your participation?

eg. high or low blood pressure, asthma... (provide details) NO YES

→ Do you have any physical condition/ injury that may affect your participation?

E.g. knee or back injury (If YES, please provide details) NO YES

→ What do you hope to gain from participating in these yoga classes?

While the utmost care is taken for your wellbeing & safety, it is important to listen to your own body & to realise your responsibility to adjust your practice to avoid injury. No responsibility can be taken for injuries from, or as a consequence of your participation in these classes.

Please tick here to occasionally receive information about Cate's classes via email or text

Namaste, Cate (ph. 0401 307 082) cate@categeard.com

Print & sign name:

Date: