

STUDENT DECLARATION FORM

First Name

Last Name

Address

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Telephone

Email

Certain yoga poses and classes are not suitable for students suffering from certain medical conditions. Having these conditions does not mean that you cannot do yoga, but that some classes are not suitable for you.

I declare that I do not have any of the following conditions and I undertake to inform the class teacher if there is any change in my condition:

Hypertension (High Blood Pressure)
Conditions associated with Heart Disease
Cancer or benign tumours
Epilepsy including Petit mal
Diabetes
Meniere's Disease
Detached Retina
HIV/AIDS
MS (Multiple Sclerosis)
ME (Myalgic Encephalomyelitis)
Recent Operations
I am not currently pregnant

Please inform your teacher if there is any condition that could affect practice.

Signed

Date

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