



SHAPE OF HARMONY – REGISTRATION AND HEALTH FORM

CONTACT DETAILS

Name		Surname	
Street		Suburb	
Date of birth		Postcode	
Mobile		Email	
Occupation (optional)			

HEALTH DETAILS

Have you had any recent injuries, illness, condition, surgeries including dates?

Have you been diagnosed or treated by a physician or health professional for:

- | | | | | |
|---------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Bone fracture | <input type="checkbox"/> Eye injury | |

Have you been pregnant in the last 12 months? ☐ Yes ☐ No

OTHER INFORMATION

How did you hear about us?

- | | | | | |
|---------------------------------|-----------------------------------|----------------------------------|---|----------------------|
| <input type="checkbox"/> Google | <input type="checkbox"/> Facebook | <input type="checkbox"/> Gumtree | <input type="checkbox"/> Recommendation - Name: | <input type="text"/> |
|---------------------------------|-----------------------------------|----------------------------------|---|----------------------|

Have you ever practiced yoga? If yes, what type and how long?

In what kind of Shape of harmony services are you interested?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Group yoga classes | <input type="checkbox"/> Private yoga classes | <input type="checkbox"/> Balinese massage | <input type="checkbox"/> Holistic programs |
|---|---|---|--|

I would like to receive a monthly newsletter with updates and new offers ☐ Yes ☐ No

TERMS AND CONDITIONS

I have no medical condition or injury that would prevent me from participating in yoga classes. If I have any physical or medical conditions, I agree to consult with a physician prior to commencing class. I understand that the instructors at Shape of harmony cannot provide any medical advice. I understand that it is my responsibility to practice within my personal limits and to decide whether or not to follow the advice and guidance provided by the teacher. It is further agreed that all exercise and lessons shall be undertaken at my own risk and that Shape of harmony shall not be liable for any injuries and damages to my person arising out of services provided. I do hereby forever release and discharge Shape of harmony from all such causes of action. I also understand that class fees are nonrefundable.

Signature

Date

