



YogaHum  
Yoga & Meditation

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ABN 11 591 581 085

**REGISTRATION AND HEALTH ASSESSMENT FORM**  
**- PRIVATE AND CONFIDENTIAL -**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Do you have any previous yoga experience? \_\_\_\_\_

Do you currently undertake regular physical activity? Please specify \_\_\_\_\_

Please provide details of any past or present physical injuries and health conditions \_\_\_\_\_

\_\_\_\_\_

Please provide details of any pain or discomfort that you experience, including movements that cause pain

\_\_\_\_\_

**Agreement** – I will inform YogaHum of any changes to my health whilst attending yoga classes. I will advise my teacher of any postures that cause me pain and discontinue these immediately. I will at all times endeavour to practice mindfully and respectfully within my body's limits.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Date: \_\_\_\_\_

(Teenage Yoga participation only)