

Clearlight Yoga

New Student Questionnaire -

Name _____

Mobile Number _____

Email address _____

Are you happy for me to contact you with updates about my Yoga classes

- by text yes or no? _____

- by email yes or no? _____

I also post updates on my Facebook page, @clearlightyogawithlucia.

Do you have any injuries or health issues and are you on any medications that I should be aware of? Yes or no? - please give detail if yes.

Do you participate in any other regular exercise (including Yoga), gym or sport?

Yes or no? - and if yes what and how frequently

What if any are your expectations of joining a Yoga class?

Thank you for completing this Questionnaire. All information is kept completely secure and confidential and no information will be given to third parties. You consent to me holding this information and using it to tailor Yoga classes to your needs and safety. If you have any questions or concerns then please do not hesitate to ask me.

Signature _____ Date _____

My privacy policy can be found at <https://www.clearlight-yoga.co.uk/privacy-policy>. This includes your rights to withdraw all consents given by you in this form and to request copies and/or destruction of information I hold about you.

Lucia Moat.

**Telephone: 07988 8188842. Email: clearlightyoga@hotmail.com
www.clearlight-yoga.co.uk - for more information about classes etc.**