

CREATIVE SPARK YOGA ACADEMY

New Sangvi,
Pune - 411061 Date : / /20



HEALTH FORM / ADMISION FORM

Form Filling Date : _____	Activation Date : _____	No : _____
Name Of Academy : _____	Location : _____	City : _____

Name : _____

Address : _____

City : _____	Pin Code : _____
Office Tel. No : _____	Res, Tel. No. : _____

Mob. No. : _____ Email Id : _____

Gender : _____ Age : _____ Blood Group : _____

Ht. : _____	Wt. : _____	Date Of Birth : _____	Anniversary : _____
Renewal : Yes No	Recommended By Existing Member : Yes No		

Types of course click

(1).Traditional yoga course, (2). Power yoga T.T.C,(3).Pilaties yoga ,(4).Advance power yoga T.T.C&(5).Practice classes (6).Yoga At home.(7)Yoga At Home With Ropes and Belts

Par-Q (physical Activity Readyness Questionnaire)	Yes	No
1. Has Your Doctor Ever Said You have a HEART CONDITION & That You Should Only Do Physical Activity Prescribed by A Doctor	<input type="checkbox"/>	<input type="checkbox"/>
2. Have You Ever Had A Heart Attack?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do You Feel Pain In Your Chest When You Do Physical Activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. In The Past Month Have You had Chest Pain When You Were At Rest?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do You Lost Your balance because Of dizziness Or Do You Ever Lost Consciousness ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has A Doctor Ever Told You That You Have A Bone Or Joint Problem Such As Arthritis, That Has Been Aggravated By Exercise Or Might Be Made Worse With Exercise ?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is Your Doctor Currently Prescribing Dugs Blood Or A Heart Condition ?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do You Know Any Other Reason Why You Should Not Do Physical Activity ?	<input type="checkbox"/>	<input type="checkbox"/>
9. Would You Need Any Fitness Assistance From Club?	<input type="checkbox"/>	<input type="checkbox"/>

If You Answer Yes To Any One Or More Of The Above Questions Then A Written Medical Clearance From Your Physician Is Compulsory Before Participating In Any Physical Activity.

HEALTH QUESTIONNAIRE :

Are You Currently Involved In Any Regular Physical Activity ?
What Regular Physical Activity Are You Presently Doing ?

Are You Presently Taking Any Medications ? If So Please List The Name With The Conditions.

Are You Pregnant ?

Have You Gone Through Any Surgery In The Last 3 Mants ? If So, Please Give Details

Does Your Physician Know You Are Participating In An Exercise Program ?

Physician Name : _____ Clinic No. : _____ Mob. No. : _____

Person To Contact In Case Of Emergency ?

Name : _____ Tel. No. : _____

Name : _____ Tel. No. : _____

Have You Ever Had A Physical Injury Due To An Accident ? If So Please Give Details :

Please Give The Date Of Your Most Recent Health Checkup: _____

Please List The Tests Done: _____

Please Give Your Alcohol Consumption Details, If Any _____

Do You Smoke ?

Health History Checklist

Joint Or Back Disorder That Could Be Aggravated By Physical Activity * Use Of Laxatives Or Diuretics

History Of Heart Problem In Immediate Family

Depression
High Cholesterol Level
Spondylitis
Heart Disease
Shortness Of Breath
Anemia
Severe Headaches
Numbness Or Tingling
Gout

* Stroke
* Anxiety
* Chest Pain
* Lung Problems
* Dizziness
* Diabetes
* Allergies
* Hormonal Imbalance
* High Triglyceride Level
* Thyroid Disorder

* Slip Disc Lumbar / Cervical
* High Blood Pressure
* Irregular Heart Beat
* Fainting Spells
* Seizures Or Convulsions
* Alcoholism / Substance
* Abuse

INFORMED CONSENT

General Statement Of Program Objectives & Procedures :

To Understand That This Physical Fitness Program Include Exercise To Improve The Cardio Resiratory Syste (heart & Lung), The Musculoskeletal System (muscle Endurance, Strength & Flexibility), & To Improve Body Composition, (decrease Body Fat In Individuals Needing To Lose Fat, With An Increase In Weight Of Muscle & Bone.) Exercise May Power Yoga, Pilates Yoga Traditional Yaga, Functional Training, Strength Training, Cardio Training.

Description Of Potential Risks :

Understand That The Reaction Of The Heart, Lungs & Blood Vessel System Of Such Exercise Cannot Always Be Predicted With Accuracy. I Know There Is A Risk Of Certain Abnormal Changes Occuring Or Following Exercise Which My Include Abnormalities Of Blood Pressure Or Heart Rate, Ineffective Functioning Of Heart, Rare Instance & Heart Attack. If Adequate Warm Up, Gradual Progression & Safety Procedures Are Not Followed.

Description Of Potential Benefits :

Unocer A Program Of Regular Exercise For The Heart & Lugs, Muscilo And Jointo, Has Many Associated Benefits. These May Include A Decrease In Body Fat, Decrease Blood Fat, Decrease Blood, Pressure, Improvement In Psychological Function And Decrease In Risk Of Heart Disease..... Have Read The Above & Understand It. Any Questions Which May Have Occured To Me Have Been Answered To My Satisfaction. I Also Understand That Before Beginning My Exercise Programme, I Should Consult A Physician. Its Expressly Agreed That All Use Of Fiteness Facilities Shall Be Undertaken By Me At My Own Risk, And The Academy Shall Not Be Liable For Any Injuries Of Damage To Me. It Is Also Agreed That I Will Reimburse The Academy Or Concerned Member For Any Damages To The Academy Facilities, Equipment Or Property, Or The Property Of Any Member To Me Or My Guest. Academy Will Not Be Liable For Any Damages Which Are Caused By Exercise Without Observevation Of Yoga Instructor And Not Following The Instructions.

To Achieve Above Mentioned Objectives It Requires Equal Which Are Followed By The Yoga Instructor. Academy Will Not Be Liable For Any Result Which Are Caused Due To Irregularities Of The Member.

Fees Once Paid Will Not Be Refunded.

Fees A That Duration A Week. Before Going To Vacation

In Case Absent For A week for More Than a week, Candidate is suppose pays full month fees of that cureent duration

Before Going to Vacation Kindly be informed else candidate will have to pay fess of that current month

If The Payment Is Made Available Through Installments And If It Is Not Mode Within Stipulated Time, The Membership Will Be Terminated. I Hereby Promise That I Will Be Taking Reasonable Care Of All Academy Equipments And Will Be Following The Instuction Given By The Dietitians And Trainers To Achieve A Sound Fitness.

I Have Read And Agreed To Abide By The Rules And Regulations Of The Academy.

Date : _____ Signature : _____

In case of you are 16 years of age or below :

Name of Parent / Guardian : _____

Contact No. Parent / Guardian : _____ Signature : _____

FOR OFFICE USE ONLY

Membership type Discount Basic Registration Fees Taxes Total

Authorised by (Name) : _____ Signature : _____

Remarks : _____

Name of Staff : _____ Signiture: _____

One Time Registration Fees Is 50 Rs. For The Membership of Creative Yaga Academy.

Required documents:

- 1) Yoga Certificate Xerox
- 2) ID Proof Xerox