

# Meditation, Mindfulness, Restorative & Gentle Yoga Participation Guidelines

**Participant Name**

**Type of Class, Date, Day & Class Time**

**Tutor Name**

<p><b>Guidelines</b></p>	<p>Yoga is an individual experience and in a group class the teacher makes every effort to help enhance this experience for you.</p> <p>Participation in a yoga class includes, but is not limited to, partaking in yogic breathing, meditation and performing yoga postures. Yoga postures (or asanas) are designed to exercise every part of the body, ie stretching, toning and increasing flexibility of the muscles, joints, the spine and the entire skeletal systems, they also work on the internal organs, glands and nerves.</p> <p>Although the Letchworth Centre provide yoga mats for you to use at your discretion it is recommended that participants bring their own mats. The tutor may recommend the use of aids, such as a strap, a block, a bolster, an eye pillow or postural adjustment through touch. However, the decision to use any of these rests with the student.</p> <p>As is the case with any physical activity, the risk of injury is always present. You are advised to proceed and progress at your own pace.</p> <p>Yoga is not a substitute for medical attention, examination, diagnosis or treatment. As a participant, it is your responsibility to advise the teacher of any condition; physical, emotional or mental that may impact your participation in the class. This responsibility extends to keeping your teacher informed of any changes as they occur. Also, please keep your medical doctor informed as appropriate. The Letchworth Centre/tutor will keep a register and record of the information you provide to deliver the appropriate class.</p>
<p><b>Well-being &amp; Medical Notes/Updates Provided by the Participant</b> <i>Please list any medication that you are taking at present.</i></p> <p><b>Contd:</b></p>	<p>Please continue overleaf to complete</p>

<p>Please mention any aspect impacting your quality of life?</p>	
<p><b>Participant contact phone number &amp; email</b></p>	
<p><b>Name &amp; phone number of a person to contact in case of emergency</b></p>	
<p><b>Date &amp; signature of the Participant &amp; Tutor</b></p>	

## Additional questions for self - health check

1. Please list some of your favourite ways of relaxing? e.g. favourite place, books, poetry or sport or leisure ? People you admire & why?
2. Please tell us about the foods you enjoy and eating choices you make. What if any are the current or potential aspects of life (physical, emotional, spiritual) that worries you?
3. What does the term 'Good Health' means to you?
4. What are your long-term desires or goals in relation to your health and quality of life?
5. What does meditation and Yoga mean to you? Please give details of your practice & experience as appropriate
6. What are your religious / Spiritual beliefs if any? Is there a god? Do you believe in reincarnation? Who dies? Who reincarnates? Is there a soul?
7. What are your expectations from this program?