



REGISTRATION FORM

Surname _____ **First Name** _____

DOB _____ **Mobile** _____

Email _____

Where did you hear about these classes ?

- Word of mouth
- Internet
- Facebook
- Instagram
- Other

Have you practiced yoga before?

- Yes
- No

Health

Please give details of any health issues or injuries or any other information you think we should know about such as pregnancy, blood pressure, depression, anxiety, chronic stress, heart condition, migraines, arthritis, asthma, diabetes, back pain, neck pain, joint pain etc.

I understand that I am responsible for my own health and wellbeing. I have listed above any health issues or injuries that I have. I will not do any practice that I believe is not suitable for my body. If I have any doubts I will ask for a modification. I will consult my doctor on any health concerns.

Signed _____ **Date** _____