

Yoga Class Enrolment Form

|  |  |
| --- | --- |
| Name: ………………………………………………………..  Address:………………………………………………………  …………………………………………………………………….  DOB:……………………………………………………………. | Contact Telephone:………………………………………………..  Email:………………………………………………………………………  Emergency Contact Name:………………………………………  Tel:......................................................... |

Please tick any of the following that apply to you and provide further details below:

Major illness or operation (inc caesarean section)

Arthritis / Rheumatism

Anxiety / Depression

Diabetes

Epilepsy

Irritable Bowel / Digestive Disorders

Circulatory problems

Heart conditions

Migriane

Multiple sclerosis

Asthma

Abnormal blood pressure

Back / Hip / Shoulder / Neck pain

Pregnancy / Postnatal (how many months)

Any disabilities

Sleep issues (i.e. insomnia)

Recent injuries

|  |
| --- |
| Furhter Detials: |

|  |
| --- |
| Reason for attending Yoga classes (optional): |

Please keep your instructor informed of any changes to the above information.

**I know of no reason why I should not participate in a Yoga class and I agree to take full responsibility for my health and well-being during the classes.**

|  |
| --- |
| Signed:  Date: |

All Yoga classes are payable upfront as a course. At the time you book if you make us aware of a date you cannot attend we will deduct this from the payment. This is limited to two dates per course and once payment has been made if you then change your mind and cannot make a class there is no option for any refund on that class.