

YOGA ENROLMENT FORM



Name Date of Birth...../...../.....

Postal Address

Telephone Number/s Home

Mobile

E-mail.....

Occupation.....

Please outline your main reason/s for wanting to practice yoga

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Please circle any of the following which apply to you (& provide further details if necessary)

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|---------------|-------------------------|--------------------------|-----------|
| Asthma | High/Low Blood Pressure | Muscle strains | Diabetes |
| Breastfeeding | Feeling 'low' | Heart conditions | Arthritis |
| Pregnant | Depression | Spinal issues / injuries | Glaucoma |

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Have you had any surgery in the past 12 months? (If yes, please provide details)

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Do you have any other information, concerning your overall health and wellbeing, which you feel is important for your Yoga Teacher to know?

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Please note: all information provided will be treated in a respectful and confidential manner.