



Class Enrolment Form

Teacher: _____

Class time: _____ Date: _____

Please complete as fully as possible so that your individual needs and experience may be taken into consideration.

Name: _____ Tel: _____

Mobile: _____ Email: _____

Have you any previous experience of yoga? Please give details.

As yoga covers a variety of subjects, eg. postures, breathing, relaxation, meditation, etc., please indicate which areas you are particularly interested in.

Have you any particular reason for your interest in yoga and how do you hope to benefit?

Do you have any conditions, health problems or previous injuries? If so, please state.

recent surgery _____ pregnancy _____ blood pressure _____

asthma _____ whiplash _____ back or heart problems _____

diabetes _____ depression _____ vertigo _____

previous muscle strains _____ bone fractures or breaks _____

Any other information: _____

What other forms of exercise do you take (if any)?

General Comments:

If you are unsure as to whether or not you should practice yoga due to any health problems, please consult your doctor. While every effort is made in the course of the sessions and classes to provide practices, exercises and training which are suitable to the student, it is the duty of the student to inform the teacher of all illnesses or weaknesses of whatever nature which might render the practices, exercises and training injurious or strenuous to the student. It is not necessary for the student to undertake the practices, exercises and training suggested by the teacher. All practices, exercises and training are undertaken by the student voluntarily and in the event of injury no claim will lie against the teacher or the owner of the premises or the organiser of the classes.

Signature: _____

Date: _____

Print Name: _____