



Freedom in Flow, Strength in Spirit, Connection to Centre –
It's your yogal

REGISTRATION FORM

Office Use Only

NAME:			
ADDRESS:			
TELEPHONE:		POST CODE:	
MOBILE:			
EMAIL:			
DOB:			
OCCUPATION:			

If you **do not** wish to be added to our email list for class schedules, event updates please tick

What are your main reasons / personal goals for taking this class?

- Overall Fitness Health Maintenance Self Development
- Relaxation Strength / Balance Breathing
- Other; _____

Please list any physical or medical conditions that might limit your participation in physical exercise; e.g. injuries, illness, surgery, pre-existing medical conditions and pregnancy.

Are you taking any medication that may limit your participation in physical exercise?

- Yes No

If yes please specify _____

How did you hear about Your Yoga?

Release of liability

I certify that the above information is true and complete, to the best of my knowledge. I fully understand that your yoga classes are educational, and that I am solely responsible for my health, safety and well-being whilst participating. I agree that I will inform my instructor of any activity which I cannot safely perform, and that I will not perform any activity which I feel is likely to cause me to injure myself. I agree to hold the instructor harmless from any and all responsibility for any injury which I may sustain during or as a result of your yoga classes.

Date: __ / __ / __

Signed: _____