

Registration Form
Mid Mountains Yoga
Affiliated with Satyananda Yoga

Name:.....

Address:.....Postcode:.....

Best phone number:.....Mobile Phone number:.....

Email address(please print clearly).....

Occupation.....DOB.....

Class day/time you are booking into:.....

Please complete the following if this is your first term or for a change in teacher, or if there has been a change in your health or circumstances. All information provided will be treated as strictly confidential.

Yoga is safe & beneficial when practiced conscientiously and consciously. Your teacher takes every possible care to ensure your well being, but she cannot be responsible for improper practice at any time. **Your teacher must be informed before the class of any recent injury, illness, surgery or commencement of pregnancy.** (Or any other condition that may otherwise prevent safe yoga practice).

Medical Conditions: (please circle/highlight any condition you currently have, or have had in the past

high blood pressure heart problems back problems neck problems
arthritis other joint problems diabetes thyroid conditions asthma
hernia other physical conditions recent surgery
depression anxiety other mental conditions

Please explain details and current management of any condition that has been checked.

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Are you pregnant? If yes how many weeks? Due date? Any particular problems/symptoms?

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Please provide details of medication and/or natural remedies you are currently taking

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Details of previous yoga classes and experience:

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What do you hope to achieve from this course?

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How did you hear about Mid Mountains Yoga?.....

Agreement

I understand that the instructions given throughout classes are intended only as a guideline. It is therefore my own responsibility to adjust my own practice according to my own limitations to ensure that no personal injury occurs. I thereby declare that I take full responsibility for my self during the class. I understand class fees are non refundable.

Signed:..... Date:.....