



ENROLMENT FORM Class Day: _____ Class Time: _____

ENROLMENT PERIOD (please tick) Term () Casual classes()

NAME: _____ D.O.B: / /

EMAIL: _____ Phone Number: _____

Would you like to receive our Welcome letter, E-book and join our mailing list? Yes() No ()

Has someone referred you to us? (if yes please give their name) _____

Have you practiced Yoga previously? Y / N (please circle)

Do you have any health concerns? (Please tick if you have any of the following)

- | | |
|---|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Gastro-Intestinal Illness |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Joint or Arthritic Pain |
| <input type="checkbox"/> Fainting or Dizzy Spells | <input type="checkbox"/> Headache (Severe & Frequent) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back Injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other Injury/ Pain (Please Specify) |
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Are you Pregnant? How many weeks? _____ | |
| <input type="checkbox"/> Any other illness, medical condition, surgery or operation. Please give details: | |

Are you currently taking any medication? Y() N()

If YES please give details:

Is there any other information that will assist the Instructor with your participation?

Please Read carefully:

I understand that to begin any physical program I need to inform Yoga, Health & Healing of any / all of my medical conditions or any other conditions that could affect my participation in the program. I will be responsible for my own personal and general liability and I will not hold Yoga, Health & Healing or its Instructors responsible for my well-being, my health, my medical conditions (current or future) or my property.

I warrant that I am physically and medically sound and capable of undertaking regular participation in this program.

Your Signature: _____ Date : _____

All Term Enrolments will be invoiced. Please confirm your email address below:

Email: