



General Hatha Yoga Registration Form

All information will be treated in the strictest confidence

Name:

Address:

Telephone:

Date of Birth:

Have you practised yoga before? If so, please give details such as where, how long, which style or school of yoga etc:

Do you have any of the following?

(If you need more space please use the reverse side)

- Back problems
- Spinal problems
- Headaches
- Eye problems
- Digestive problems
- Insomnia
- High or low blood pressure
- Nervous problems
- Thyroid problems
- Any other health issues – please give details
- Please let your teacher know if you are pregnant

Are you taking any type of medication?

What do you hope to gain from coming to yoga?

What would you say is the main source of stress in your life at the moment and how do you usually deal with it?

How did you find out about us?

Other information:

- ♣ You are advised to inform your doctor that you are practising yoga
- ♣ It is best to leave two hours after eating before practising yoga
- ♣ Please make sure your mobile phone is switched off
- ♣ Try to leave your worries outside as you enter your class