

Please complete and bring this Confidential Registration form to your **FIRST** class.
If you have health concerns that may interfere with your practice, please arrive 15 minutes prior to class. For serious health problems, contact your GP and seek their advice prior to attending.

Your details

Name:	Email address:
Phone/Mobile:	Work:
Year of Birth:	
Next of kin's or support person's contact details	
Name (and relationship):	Best contact number:

Are you in good physical condition and be able to participate in yoga classes:

I (please PRINT your name)
understand that when participating in any exercise program or physical activity, there is the possibility of physical injury. If I engage in this yoga activity, I agree that I do so at my own risk, am voluntarily participating in these activities, assume all risk of injury to myself, and agree to release and discharge Yoga Mandir from any and all claims or causes of action, known or unknown.

..... (signature)

Have you practiced yoga before? If so, what form and for how long? Do you practice inversions?

Do you have any injury/illness that may interfere with your practice?

Details of injury/illness/condition:

Treatment history: please list what treatments you have sought for this injury/illness/condition.

Other relevant medical history:

Additional comments: