



class registration form

Please fill in in CAPITAL LETTERS, all the information will be treated strictly confidential

Full Name	
D.O.B.	
Tel. number	
e-mail address	
Yoga experience	
Medical problems, injuries, conditions, etc.	
Are you pregnant?	

I understand Yoga is an individual experience, so I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing.

Signature

Date