



Beginners Course Registration Form

(BOOKINGS ESSENTIAL)

The following information is requested to help derive maximum benefits from your Yoga Classes and is treated strictly confidential			
Name (Please print clearly)		Phone	
Address (Please print clearly)			
Email (Please print clearly)			
Date of Birth		Occupation	
Have any particular reason for attending this yoga class?			
Have attended yoga classes previously?		YES	NO
If YES, how long? Where? By whom?			
Date you wish to start classes?			

If you have suffered any of the following please mark or tick where applicable and supply further information		
Back/Spinal	Neck problems	Migraine
Stiffness/Pain on movement	High/Low blood pressure	Heart condition
Arthritis	Diabetes	Hiates Hernia
Asthma	Sinus	Hay Fever
Depression	Nervous Tension	Stress/Anxiety
Varicose Veins		

Please note any other health problems or serious illness/operation/accident/injury you may be suffering from, or have suffered from the past. If pregnant please note how many weeks and due date.

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How did you find out about YogaWest? (Please tick or circle applicable)

Friend – Google – Yellow Pages – Our signage – Brochure – Other

Do you wish to be on our mailing list? YES NO

The discipline of yoga requires a new journey into the physical, mental, and spiritual wellbeing of its participants. As a student of yoga I agree that YogaWest, W.A. School of Yoga, it's teachers and representatives shall not be held responsible for any injury sustained by me as a result of participation in the classes.	
SIGNATURE	DATE