



Please complete the following form and post to:

Naomi England
4/2 Taminga St
Bayview NSW 2104

Beginners class Please
Intermediate class tick

About You

Name _____ Age _____
Sex M/F Occupation _____
Address _____ Suburb _____
Email _____
Mobile _____ Home Ph _____
Work Ph _____

Have you done yoga before?
If yes, what type and how long? _____

Emergency Contact Details

Name: _____ Relationship _____
Mobile _____ Home Ph _____
Work Ph: _____

Naomi England
4/2 Taminga St
Bayview NSW 2104
Mob: 0414 977 000
Email: nai.english@gmail.com



Yoga is beneficial for all levels of fitness and flexibility, if you have any health concerns it is important to check with your doctor before beginning the class. Please inform the instructor if you have any medical conditions.

Do you have any of the following symptoms/conditions? (Please circle)

Chronic Pain	Low Blood Pressure	Headaches	Dizziness
Depression	Joint Replacements	Diabetes	Arthritis
Epilepsy	High Blood Pressure	Heart Condition	Loss of Balance
Infectious Conditions	Pregnancy	Neck/Spine Injury	Eye Problems

Do you have any injuries/medical conditions?

I _____ advise that I do not have any injuries, ailments or conditions which would prevent me from undertaking yoga classes and that I take this class at my own risk. If I answered yes to the Medical Conditions question above, I have sought qualified professional advice regarding my ability to participate in this class and am satisfied with that advice. I understand that the yoga instructors are not qualified or able to provide medical advice and I indemnify the yoga instructors and staff against any claim that may result from my attendance and participation at any yoga class. I understand that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability.

Signed _____ Date _____

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