



3 Bush Seeds

Yoga Enrolment Form

Name..... Email address.....

Mobile..... Emergency contact:.....

1. Have you practiced yoga or attended yoga classes before? If so, briefly describe style/for how long.

2. Please describe any past or current injuries sustained.

If you have any current injuries or serious past injuries I strongly recommend that you seek medical advice before attending yoga.

3. Do you have or have had any medical conditions? E.g heart conditions, high blood pressure, respiratory conditions. **If you have any medical conditions I strongly recommend that you seek medical advice before attending yoga.**

Are you pregnant? Yes/No If yes, how many weeks?

4. What would you like to gain from Yoga? (mind/body/overall)

5. Do you consent to photos of you being used on skye's facebook page? Yes/No

I confirm that this information is supplied voluntarily and is correct to the best of my knowledge. That the instructor will draw upon their experience and expertise to provide a program that they believe will most effectively support my needs. I recognise that there may be many significant benefits from this program, including physical, mental, emotional and spiritual. I also appreciate that as results can vary with different people and may be difficult to measure, there can be no guaranteed specific outcomes. To ensure that no personal injury occurs, I agree to adjust my practice accordingly. I take full responsibility for all aspects of my own health and wellbeing whilst participating in yoga.

Signed..... Date.....