



Please fill this out before you attend one of my Yoga classes or courses.

Your name: _____

Your address: _____

Your telephone number: _____

Your email address: _____

Your occupation: _____

Your age: _____

Your medical history - any current or recent injuries or conditions - it is important that I know about any high blood pressure, angina, heart disease, retinal problems, epilepsy, if you have a joint replacement, are pregnant, asthmatic, or have recently undergone any major surgery - please detail if any of this applies:

Any current medication? _____



Have you practised yoga before? (if so, please detail): _____

What are you hoping to achieve through your yoga practice? _____

Do you currently do any exercise, if so what and how many times a week?

How did you hear about my classes? _____

Terms and conditions - Payment for a course or a block of classes is by cheque or by BACs, it is due upfront before the block of classes, term or course starts. If you are paying as you go at the drop-in classes, then please pay in cash or cheque when you arrive at class. Payment is for the class, block of classes or course booked and is not transferrable or exchangeable. If a pre-paid class is missed then that class is forfeited. If you cancel a course up to one week before the start of the course then I will refund you in full, minus a £10 administration fee. However, if you cancel less than a week before the course starts then I will issue a credit against a further course minus a £10 administration fee. You will be automatically subscribed to receive my email newsletter, keeping you updated of class news and dates etc – you can unsubscribe at any time. Please tick here if you DON'T want to receive my occasional newsletters

Please put an "x" here if you agree to my terms and conditions _____

Your signature (NB your typed name is acceptable if filling this out online):

Today's date: _____