

Yoga classes

Wimbledon Village Registration form

About you

Name			
Email			
Date of birth		Occupation	

Address			
Postcode			
Phone number			

Emergency contact

Name			
Phone number			

Doctor's details

Please speak with your doctor before you start any course of exercise

GP name			
GP Address			
GP Phone number			
Current state of health and brief details of any previous injuries or medical conditions			

Have you practiced yoga before? (what style, for how long etc.)			
Why have you come to learn yoga? What do you hope to gain from it?			
How did you hear about these yoga classes?			

I accept that I participate in all yoga classes entirely at my own risk, and any loss, damage or injury will not be the responsibility of the teacher.

Name (please print)			
Signature			
Date			