

Registration Form

Name
e-mail:
Would you like to join up to email newsletters and offers? Yes/No
Address:
Phone number:
Emergency Contact: Tel number:
<i>Have you done Yoga before? Yes/No</i>
If yes, what type(s) and for how long?
What made you start Yoga today?

Which aspects of Yoga most interest you? Please tick as many as you wish:

Physical postures (asanas)

Breathwork (pranayama)

Balance

Relaxation

Meditation & Mindfulness

Strength

Sleep Recovery

Deep Tissue work

Weight control

Do you have any conditions which could affect your mobility or are likely to cause you concern when doing Yoga?

If Yes, give details:

How did you hear about us?

I take full responsibility for my physical and emotional well-being during the yoga class. This includes understanding my own limits and choosing not to continue with any movement or practice that feels too difficult, uncomfortable, or emotionally overwhelming. If I experience distress, I will stop, ground myself, and inform the teacher if needed.

In the absence of any negligence or other breach of duty by the teacher, my participation in this class – including any physical or emotional responses that arise – is entirely at my own risk.

Signed	Date
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