



Name: _____

Email Address: _____

Phone Number/s: _____

Address: _____

D.O.B. : _____

Have you practised yoga before? If yes, what style(s) & for how long?

Are you pregnant? yes no

Ladies: There are certain limitations for women who are pregnant or menstruating. Please consult the teacher before class to get information on what should be done differently.

Do you have any existing injuries, medical conditions or recent surgeries? yes no

If yes, please state what they are and when they occurred

How did you hear about The Wombling Yogi? Sign Internet Letterbox Friend
School

Why are you doing these classes? _____

Disclaimer – please read and sign

Every precaution and much care is taken by the teacher during class so that you can practice in a safe manner, in a safe and supportive environment. You are invited to enthusiastically approach your practice. However, it is encouraged that you take care when determining your own ability to do the exercises offered in class and do not aggravate existing injuries. Please be aware that you are ultimately responsible for your own personal health and safety and any injuries or illness incurred during class are not the fault of the teacher. If you have any doubt whether any of the classes at The Wombling Yogi are suitable for you or if you have any particular injury or condition, please consult your physician before beginning your practice. Always inform the teacher of any injury, medical conditions, if you are pregnant or had any recent surgeries you might have. All personal information collected is confidential and will not be shared. In the event of a substitute teacher, it is the student's responsibility to notify the teacher of the aforementioned conditions.

I have read, and agree with, the above statement –

Sign & Date:
