

Registration From

Hatha Yoga Classes Registration Form

1. Email address *

2. Full Name

3. Physical Address

4. Contact Numbers

5. Date of Birth

Example: December 15, 2012

6. Name & Numbers of Nearest Relative/s

7. Doctor Name & Number

8. Medical Illness/es

Check all that apply.

- Diabetes
- Heart Disease
- Cancer
- Osteoarthritis
- Epilepsy
- Hypertension
- Asthma
- Genetic Defects
- Gout
- Other: _____

9. Any Physical, Mental or Psychological Problems?

10. Current Medication

11. Have you done Yoga before?

Mark only one oval.

- Yes
- No
- Other: _____

12. If yes, how long?

13. What is/are the reason/s for wanting to take part in these classes?

Yoga Disclaimer

We assume that all individuals are healthy before attending Yoga. Otherwise we suggest getting your doctors prior approval. All information shared in Yoga sessions are for educational purposes. In no way is any advice intended to suggest that it is a substitute for proper medical care or good common sense. The person uses these techniques while agreeing to take complete responsibility for themselves. Further a Yoga teacher is not a licensed health professional and offers these Yoga classes and advice purely from his/her knowledge and understanding of Yoga. He/She does not claim to diagnose or treat any illnesses.

I, _____ am aware that neither Yoga Awakening Africa, nor any teacher teaching at the Yoga Awakening Africa Studio or on a Yoga Retreat accept any responsibility for loss, damage or injury to myself which may be sustained during classes or while on the premises. I have read and accepted the guidelines given to me.

14. Signature

15. Date:

Example: December 15, 2012