



bringing balance to your life

## YOGA CLASS REGISTRATION

**Name:** ..... **Telephone No:** .....

**Address:** .....

**Email:** ..... **Emergency Contact:** .....

### Yoga classes registered for:

Wallington Hall  ICR/RMH (Sutton)  Banstead Community Hall  Other .....

Please list any injuries or conditions that may affect your yoga practice (eg; arthritis, asthma, back/neck pain, knee/shoulder/joint pain, cancer, diabetes, epilepsy, hernia, glaucoma, high/low blood pressure, heart disease, osteoporosis, pregnancy, surgeries, etc).

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Are you involved with any other type of physical activity? .....

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Many yoga students find gentle, hands on guidance by their instructor to be helpful.

Please let us know if you have any objections to this type of instruction.

YES, I object  NO objections

How did you discover the classes? .....



Participation in yoga classes & workshops includes, but is not limited to, participation in meditation techniques, yogic breathing techniques and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body - stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience. I understand that in the yoga class I will progress at my own pace. If at any point I feel over-exertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

By signing my name below I agree to take full responsibility for my participation in this class. My signature verifies that I am physically and mentally fit to participate in these yoga classes and have consulted a medical doctor before attendance at classes. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in the yoga classes with my doctor's full approval. I realise that I am participating in these yoga classes at my own risk.

**Name (printed):** ..... **Signature:** ..... **Date:** .....