

YOGA REGISTRATION FORM

Name	DOB
Address	P/Code
Phone	Mobile
	Email
How did you find out about my Yoga classes	

The following information will assist me in class preparation.
All information provided is strictly confidential

Medical History
Do you, or have you ever had, any of the following? (circle those which apply)

Asthma	Diabetes	Arthritis	Heart Disease
High Blood Pressure	Epilepsy	Neck/Back pain/stiff	Dizziness

Have you had any surgery or trauma in the last 6 months (broken bones, falls, accidents, etc.)? **NO YES** what and when?

Have you ever done Yoga before. **NO YES** If yes when and what style and for how long?

Is there anything else you think would be important or relevant for me to know?

Would you like to be included on my mailing list?
YES NO

If **YES** would you prefer? **Email Normal Mail** (circle your preference)

Credit Card Payment Authority *	
Name (on card)	
Payment method: Visa / Mastercard	Payment Due \$
Card No. _____	Expiry Date ____ / ____
Authorising Signature: _____	
Please note: For security reasons your card number will never be kept on file. On acceptance of payment at our bank this form will be shredded. Any future payments will therefore require a new permission form to be signed.	

* Only fill out this authority if opting to pay by credit card. Deduct any deposits you may have made from the total due.