

GENERAL YOGA REGISTRATION FORM

Please note, that all information on this form will remain confidential.

Date of registration: ____/____/____

Name: _____

Town: _____

Telephone: _____ **Mobile:** _____

Email: _____

To be kept up-to-date of the latest Yoga in Glossop news, would you like to subscribe to the mailing list? Yes/No

Occupation: _____

Date of birth: ____/____/____

Please give details of any medical conditions which might affect your yoga practice:

Are you currently taking any form of medication? Yes/No

If yes, please give further details:

**Have you suffered any injury or undergone any surgery that may affect your yoga practice?
Yes/No**

If yes, please give further details:

Are you currently doing any sporting activity or any form of exercise? Yes/No

If yes, please state what your interests are and how many times a week...

Have you done Yoga before? Yes/No

If yes, how long have you been practising for? _____

Which style/s of yoga? _____

Please also state if you have practised yoga through any of the following mediums...

- Live classes Yes/No If yes, how long? _____

- On-line classes Yes/No If yes, how long? _____

- You Tube videos Yes/ No If yes, how long? _____

- DVDs Yes/No If yes, how long? _____

- Private Study Yes/No If yes, how long? _____

Have you ever practised Meditation//Tai Chi/Pilates etc? Yes/No

If yes, please state here..

What are your reasons for coming to Yoga and what do you hope to gain from it?

How did you hear about the class? _____

Any additional comments...