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# Prasanna Chitta Yoga Registration Form

(All information on this form will be kept confidential)

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| --- | --- |
| First Name: | Last Name: |
| Address: | |
| Emergency Contact Name: | Emergency Contact Number: |
| Home Tel: | Work Tel: |
| Mobile: | Email Address: |
| Date of Birth: | Sex: Male  Female |
| Occupation: | |

Please answer the following questions by ticking the appropriate box:

1. Have you attended yoga classes before? *Yes*   *No*  If Yes, for approx. what length of time?
2. Are you currently practicing a regular yoga routine? *Yes*  *No*
3. Do you have any of the following health conditions?

Asthma *Yes*  *No*  Heart Problems *Yes*  *No*  Depression *Yes*  *No*  Epilepsy *Yes*  *No*  High Blood Pressure *Yes*  *No*  Bipolar Disorder *Yes*  *No*  Pregnancy *Yes*  *No*  Low Blood Pressure *Yes*  *No*  HIV/AIDS *Yes*  *No*

If you have ticked any boxes it is recommended that you check with your GP before participating in a Yoga class.

1. Are you currently on any prescribed medication? *Yes*  *No*  Details:
2. Do you have any other physical ailments that you feel the instructor should know about (e.g. a recent injury or surgery)? Please discuss your conditions and any special requirements you may have with your instructor before the class.
3. Would you like to be included in our mail list? Yes  No
4. How did you hear about PC Yoga Internet  Facebook  Flyer  Friend  Other

*Declaration: I declare that all the information given by me above is true and correct, and that I am participating in the Prasanna Chitta Yoga classes/workshop of my own free will. I take full responsibility for participating in this program, its outcome and consequences. I declare that I am physically and mentally fit to participate in the course and that I am doing so at my own risk. I release the Prasanna Chitta Yoga organizers and teachers from all damages whatsoever and waive all right to compensation in case of injury.*

DATE:

PLACE:

SIGNATURE:

FOR OFFICIAL USE:

Remarks:

Method of Payment:

Amount: