



REGISTRATION FORM

Yoga My Passion - Sivananda Classical Hatha Yoga



Name: _____

Age: _____

Address: _____

Telephone no's (Home & Mobile): _____

E-mail: _____

1. Do you have any illnesses or injuries I need to know about, particularly heart related or back/spine issues? E.g., High blood pressure, stroke, angina etc (kindly read important notice below)

2. Have you done Yoga before, if so when and what type? _____

3. What is your occupation? _____

4. Do you do any other form of exercise, if so, what? _____

5. What are your reasons and goals for doing Yoga? _____

6. Where did you find my details? _____

7. How often are you planning to take lessons? _____

IMPORTANT: If you have high blood pressure, have had a stroke, history of heart attack, angina, or any other form of heart conditions, you must get written permission from your doctor before doing the headstand or the shoulder-stand.

You agree to the Terms & Conditions as per my website www.yogamypassion.co.uk

Date: _____

Signature: _____

Health is Wealth, Peace of mind is Happiness, Yoga shows the way!

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