



registration form

Name (s): _____

Email: _____ Date of Birth: _____

Phone: (h) _____ (m) _____

Address: _____

Emergency Contact Name & Number _____

How did you hear about this class? _____

Have you practised other forms of yoga or meditation? If so, please briefly state: _____

What are you looking for with your yoga/meditation practice?

- | | | |
|---|--|--|
| <input type="checkbox"/> Improve health | <input type="checkbox"/> Increase energy | <input type="checkbox"/> Gain peace of mind |
| <input type="checkbox"/> Increase flexibility | <input type="checkbox"/> Doctor's recommendation | <input type="checkbox"/> Develop inner awareness |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Learn to relax | <input type="checkbox"/> Other (please describe) |

Please list any injuries, recent illness, surgery or other issues that may impact your yoga practice (e.g. pregnant, chronic conditions, ADD, high/low blood pressure)

Disclaimer

The benefits attributed to the practice of Yoga & Meditation come from ancient yogic traditions. Nothing said in class, on flyers or via other forms of communication is to be construed as medical advice. Results may vary with individuals.

I will practice Yoga & Meditation with commonsense, determining my own ability with each exercise given in class.

SIGNED:

DATE:

Payment

- | | |
|--|--|
| <ul style="list-style-type: none">• Cash• Direct Deposit: St George Bank Limited
Acc Name: Spirit Rising Yoga
Acc No.: 464 673 035
BSB No.: 114-879 | <ul style="list-style-type: none">• Cheque or Money order - made out to 'Spirit Rising Yoga' (must clear prior to class) <p>Postal address: 9/173 Boundary Street, West End, 4101</p> |
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- kundalini yoga • meditation • dynamic hatha yoga • prenatal & kids yoga
- kundalini yoga teacher training • kids yoga teacher training
- courses, workshops & retreats