



CLASSICAL RISHI CULTURE YOGA
with Avril Berry, Yoga Teacher and Yoga Therapist

Registration Form

Name:

Address:

Tel. No.

Home:

Work:

Mobile No.

email:

Occupation

Have you practised Yoga before? Yes/No: If Yes, please detail.

The following information regarding medical history will be treated as strictly confidential. This is required so that appropriate Yoga Therapy can be given during classes and contra indicatory practices can be avoided. (Please continue overleaf or on another page if necessary).

Do you have any medical conditions which the Yoga Teacher/Yoga Therapist should be aware of:

Have you had any major illnesses, accidents or operations? Please give details, with dates.

Any other information which the Yoga Teacher/Therapist should be aware of:

Do you participate in any other forms of exercise or sporting activities? Please detail.

Signed:

Date: