

Booking Form – Foundation Course

Start Date/Time: Tuesday 8th January 6–7pm

Course Duration: 5 weeks.

Dates: Jan 8, 15, 22, 29, Feb 5

Cost: £49

Full payment is required to secure your place.

Name: _____

Address: _____

Tel: _____

Email: _____

To book, please return this booking form with payment and a completed Medical Questionnaire to:

Yogawest, Denmark Place, Bishopston, Bristol BS7 8NW

Alternatively you can pay by bank transfer to:

Account Name: Yogawest Ltd

Sort Code: 20-13-34

Account No: 83198219

ref: FC080119

If you do this, please let us know by email so we can look out for it:

info@yogawest.co.uk

If you pay electronically, please post or email us the forms.



The heart of Iyengar Yoga in Bristol

yogawest

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Yogawest Registration Form

Medical Questionnaire – CONFIDENTIAL

Please write neatly!

Title	First Name	Surname
Date of Birth	Male <input type="radio"/> Female <input type="radio"/>	
Contact Number(s)		
Email		
Address		
		Postcode
Emergency Contact Name		
Emergency Contact Number		

Please tick all of the following that apply and give details below:

	YES	NO		YES	NO
Injuries	<input type="radio"/>	<input type="radio"/>	Circulatory problems	<input type="radio"/>	<input type="radio"/>
Heart condition	<input type="radio"/>	<input type="radio"/>	Allergies	<input type="radio"/>	<input type="radio"/>
Arthritis or rheumatism	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>
Skin condition	<input type="radio"/>	<input type="radio"/>	Migraine/Headaches	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	ME/Chronic Fatigue	<input type="radio"/>	<input type="radio"/>
Mernieres Disease	<input type="radio"/>	<input type="radio"/>	High blood pressure	<input type="radio"/>	<input type="radio"/>
Depression (or history of)	<input type="radio"/>	<input type="radio"/>	Varicose veins	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	Detached retina	<input type="radio"/>	<input type="radio"/>
Frequent nose bleeds	<input type="radio"/>	<input type="radio"/>	Given birth within 3 months	<input type="radio"/>	<input type="radio"/>
Major illness or operation	<input type="radio"/>	<input type="radio"/>	Pregnancy	<input type="radio"/>	<input type="radio"/>
Anxiety / Panic attacks	<input type="radio"/>	<input type="radio"/>	Current medication	<input type="radio"/>	<input type="radio"/>
Joint problems	<input type="radio"/>	<input type="radio"/>	Fitness level	<input type="text"/>	

Further details of anything ticked above and anything else you think we should know

What would you like to achieve by practising yoga?

Notes

Iyengar Yoga allows you to work at your own level to improve your flexibility, strength and general health. It is not competitive, and postures can be adapted with props to assist extension and increase mobility. To reduce the risk of injury, never force or strain yourself during poses. Menstruating women should not do inverted poses, strong backbends or reverse standing poses. Pregnant women should ask for specific advice. Those with special health considerations should consult their medical practitioner before performing any exercise.

If you are receiving treatment from a medical practitioner, have recently had surgery or a serious accident or illness, or are on medication, please check with the teacher whether this class is suitable for your condition. It is inappropriate for students suffering from certain medical conditions, or new students who are pregnant, to attend a yoga class held by a teacher holding only the Introductory teaching certificate of the IYA (UK).

The teacher cannot be held responsible for any injury incurred during the class, or any problem arising as a result of a medical condition.

We may use the information provided by you for the purposes of providing, monitoring, assessing and marketing Yogawest and to inform you of information, offers, services and products from time to time. We will not sell, share, rent or otherwise distribute any personal information to third parties.

Please tick the box if we can use your information for these purposes: (please tick)

DECLARATION

I have read and fully understand this form and accept the terms stated above. I confirm that, to the best of my knowledge, the answers given by me are correct and accurate. I know of no reason why I should not participate in any form of physical exercise or any activity suggested to me by an employee or representative of Yogawest. I acknowledge that any suggestions from any such employee or representative are neither diagnostic nor prescriptive. I agree to notify you of any future changes to the above answers.

You may use the information provided by me in this form together with any other information that I may provide to ascertain whether Iyengar yoga is appropriate for me. By signing this form I agree to the use of my information as stated in this form.

Signature

Date