



New Student Registration Form

The following information is requested to help you derive maximum benefits from your Yoga Classes and will be treated as strictly confidential.

Name	Phone
Address	
Email Please print Clear	
Date of Birth	Occupation

Have you any particular reasons for attending this yoga class?

.....
Have you attended yoga classes previously?

.....
If YES, how long? Where? By whom?

If you have suffered any of the following please mark or tick where applicable

Back/Spinal	Neck problems	Migraine
Stiffness/Pain on movement	High/Low blood pressure	Heart condition
Arthritis	Diabetes	Hiates Hernia
Asthma	Sinus	Hay Fever
Depression	Nervous Tension	Stress/Anxiety
Varicose Veins		

Please note any other health problems or serious illness/operation/accident/injury you may be suffering from, or have suffered from the past. If pregnant please note how many weeks and due date.

How did you find out about Yoga West? (Please circle or tick)

Friend - Google —Yellow Pages —Our signage-Brochure —Other.....

Do you wish to be on our mailing list? Yes No

The discipline of yoga requires a new journey into the physical, mental, and spiritual wellbeing of its participants. As a student of yoga I agree that YogaWest, W.A. School of Yoga, it's teachers and representatives shall not be held responsible for any injury sustained by me as a result of participation in the classes.

SIGNATURE	DATE
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YogaWest

**Upstairs 16/159 Onslow Road Shenton Park 6008
Please phone 9381 9916**

www.yogawestwa.com.au