

Hannah Waldman
Bodyorigami



YOGA CLASS REGISTRATION FORM

All the information given will be treated in the strictest confidence

Name:

Address:

Telephone Number:

Email:

Health problems (e.g. back/neck ache, high blood pressure, arthritis, heart problems, asthma, glaucoma, epilepsy....)?

Do you take any medication regularly? If so, please give details:

Are you pregnant? If yes, how many weeks/months?

Practised Yoga before? For how long

How did you hear about the class?

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS FORM.