

NOT FOR ANTENATAL CLASSES: Please download from antenatal page.

SCHOOL OF YOGA: STUDENT REGISTRATION FORM: STRICTLY CONFIDENTIAL

Please complete in BLOCK CAPITALS , and bring with you to the class

EXPECTED MAIN ATTENDANCE:

PLACE ~ Westminster/Croydon/Selsdon/other: **TIME** ~ lunchtime/evening/both/other:

TITLE (Mr., Ms., Mrs., Dr., etc.)..... **FIRSTNAME:**

MIDDLENAME(S): **SURNAME:**

By which name or nickname do you wish to be addressed?

FULL POSTAL ADDRESS: **'PHONE NUMBER(S) (& email address):**

..... **DAY:**.....

..... **EVENING:**

..... **MOBILE**

..... **OTHER**

POSTCODE: **E-MAIL**

<p>FOR OFFICE USE ONLY: ENROLMENT STATUS:</p> <p>TUITION FEES PAID: FIRST ATTENDANCE: £.....:.....p Date:</p> <p>ENROLMENT: £.....:.....p Date: For ... weeks at £...:....(rate) REMINDERDATE:</p> <p>ENROLMENT: £.....:.....p Date: For ... weeks at £...:....(rate) REMINDERDATE:</p> <p>Spring: Summer: Autumn 1: Autumn 2: Winter:</p> <p>NOTES:</p> <p>.....</p>

PREVIOUS YOGA TRAINING/PRACTICE (if any, for how long):
.....
.....

WHERE DID YOU FIRST HEAR ABOUT THE SCHOOL OF YOGA ?
*FROM A YOGA STUDENT / INTERNET **/ DIRECTORY ENQUIRIES / 'PHONE BOOK / YELLOW PAGES / THOMSONS PUBLIC LIBRARY /POSTER AT WORK /POSTER AT CLASSES' VENUE /ENQUIRED AT RECEPTION /C.S.S.C. NEWSLETTER /SELSDON GAZETTE / OTHER: **which website.....*

MEDICAL:
Current illness, handicap or special condition: please state:
.....
.....
Back problems:
Sleeping problems:
Surgical operations during the last 3 years: Date:

.....

Please state if you are taking any prescribed (or other) drug:
Drug: Dose: Frequency:

.....

.....

.....

CHILDBIRTH: Have you recently given birth? **Childbirth, when?**

AGE, IF OVER 65 OR UNDER 18*
*IF UNDER 18, YOUR PARENT OR GUARDIAN SHOULD SIGN BELOW AND EITHER ACCOMPANY YOU TO THE CLASS, OR POST THIS FORM WITH A COVERING LETTER TO ARRIVE AT LEAST TWO DAYS BEFORE YOU ATTEND THE CLASS.

I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND THAT I WILL MAKE KNOWN ANY CHANGE IN THE ABOVE BEFORE PARTICIPATING IN A YOGA CLASS.

SIGNATURE: **DATE:**

***IF SIGNING AS PARENT OR GUARDIAN, PLEASE PRINT YOUR NAME BELOW:**

FULL NAME OF PARENT OR GUARDIAN:

PLEASE EMAIL OR TELEPHONE ONE OR MORE DAYS AHEAD TO SAY WHEN YOU WISH TO START.