

bahia yoga class registration form

Please complete in BLOCK CAPITALS. All information will be treated in the strictest confidence.

Full Name _____ D.O.B _____

Address _____

_____ Postcode _____

Occupation _____

Email _____

Telephone No. Home _____ Mobile _____

How did you find out about the class? _____

The date of your first class at Bahia Yoga _____

What are your main reasons for coming to yoga? _____

Have you practised yoga before? Please give details (please state how long and state the type of yoga)

Any known illnesses or health problems which may have some impact on your yoga practice? Please state

Are you taking any form of medication that may have some impact on your yoga practice? Please state

What do you consider to be your main source of stress currently?

Is there anything you to do to alleviate this stress?

Are you pregnant? Yes No

Signature _____ Date _____



bahia yoga

www.bahiyoga.com