

# Kundalini Registration

Class:     Ringwood 6.25pm                      Ringwood 8pm                      Southbourne 7.30pm

Name:

Mobile:

Email:

Emergency Contact Name & Number:

Is this your first experience of Kundalini Yoga?

Have you practiced any other yoga before?

What would you like to achieve from the classes e.g. Improve health, reduce stress, gain flexibility and strength, learn to relax, increase energy, lose weight.

Certain postures and practices in yoga need to be modified or avoided if certain health issues are present. If your health status should change at any time, please inform me at the beginning of class. Please list any health issues, recent operations or injuries that may affect your practice.

I, \_\_\_\_\_(print name), understand that yoga includes physical movement, breath-work, meditation, and stretching techniques. As is the case with all physical activity, I understand that the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

If I experience any pain or discomfort I will listen to my body, adjust or change the posture.

I am responsible for consulting a doctor before starting and take full responsibility for making the informed decision to practice yoga..

I agree to alert my yoga teacher to any issue that may affect my ability to practice yoga safely.

I understand all instructions in class are given only as a guide and I accept responsibility for myself.

Student Signature:

Date: