

Peninsula Yoga Centre

www.peninsulayogacentre.com.au



Yoga Class Enrolment Form

ABN: 84 155 745 161

(All information on this form remains confidential)

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

How did you find out about the Peninsula Yoga Centre?

Please give details if you have any injuries, medical conditions or taking any medication/s that may affect your yoga practice.

(Please circle)

Are you pregnant?

Yes

No

Have you previously practised yoga?

Yes

No

Would you like to receive a regular newsletter / updates from the Peninsula Yoga Centre?

(No information is passed onto any third-party organisation)

Yes

No

If YES, how would you like to receive your newsletter?

Email

by Mail /Post

Practice yoga with awareness. Listen carefully to instructions from the teacher. If you experience pain or discomfort in any yoga posture, please withdraw or adapt the posture for comfort.

Please feel free to discuss any aspect of the yoga class or your practice with the teacher.

Signed : _____

Date: _____