

ENROLMENT FORM 2008



Class type (tick correct box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Iyengar Yoga  | <input type="checkbox"/> Baby Shiatsu | <input checked="" type="checkbox"/> Therapies |
| <input type="checkbox"/> Pre-natal Yoga | <input type="checkbox"/> InspireKids (Drama) <input type="text"/> Enter age | |
| <input type="checkbox"/> Post-natal Yoga | <input type="checkbox"/> InspireKids (Music & Fun) <input type="text"/> Enter age | |
| <input type="checkbox"/> Back care Yoga | <input type="checkbox"/> InspireKids Yoga <input type="text"/> Enter age | |
| <input type="checkbox"/> Qi-Gong | <input type="checkbox"/> Teenager Yoga <input type="text"/> Enter age | |

Course details (For classes see time table)

Starting date:	Day:	Time:	Day:	Time:
<input type="text"/>	<small>tick box</small>	<input type="text"/>	<small>tick box</small>	<input type="text"/>
	Mo <input type="checkbox"/>		Th <input type="checkbox"/>	
	Tu <input type="checkbox"/>		Fr <input type="checkbox"/>	
	We <input type="checkbox"/>		Sa <input type="checkbox"/>	

Personal details

Title: <input type="text"/>	Family name: <input type="text"/>	Forenames: <input type="text"/>
Home Address: <input type="text"/>	Telephone: <input type="text"/>	Mobile: <input type="text"/>
Postcode: <input type="text"/>	Email: <input type="text"/>	

Medical details (necessary information please read)

If you are in doubt about practising yoga please consult your doctor before you enrol. If you do not suffer from any of these conditions write NONE below. If you do suffer from any of the following conditions please tell us Hypertension (high blood pressure), conditions associated with Heart Disease, Cancer or Benign Tumours, Epilepsy including Petit Mal, Diabetes, Meniere's Disease, Detached Retina, AIDS, Multiple Sclerosis, Myalgic Encephalomyelitis, recent Post-operative Conditions, Back Trouble including Slipped Disc, Pregnancy or any other condition you think we ought to know about.

Payment (tick correct box)

- Cheque Cash Postal Order

Please make Cheques payable to YOGA STABLE

Amount Due £

I declare the above information is correct and that I will inform YOGA STABLE of any change of circumstances relating to the enrolment form.

Signature and Date:

Would you like to be on our mailing list and receive information about new classes and changes in our timetable. (tick correct box)

- Yes No

How did you find out about us: