

Zen Space



Enrolment Form:

Please be assured that the information provided will only be used Zen Space. If you prefer not to give any specific information please leave blank.

Name: _____ **DOB:** _____

Address: _____

Email address: _____@_____

Would you like to receive regular email updates from us? Yes please ☐ No thanks ☐

Phone Number: Wk) _____ Hm) _____ Mob) _____

Where did you hear about the centre?

Village Pump ☐ Friend ☐ Sign out the front ☐ Internet/ Facebook ☐ Noticeboard ☐
Other ☐

Have you practiced yoga before?

No ☐ Yes ☐ If Yes, how long?: _____ Years, or _____ Months, or only once or twice ☐

If yes, which system/school?

Iyengar ☐ Yoga Chi Gung ☐ Hatha ☐ Ashtanga ☐ Oki Do ☐ Bikram ☐
Vinyasa ☐ Satynanda ☐ Sivinanda ☐ Not Sure ☐ Other ☐ _____

What would you like to achieve through practicing yoga? _____

Do you suffer from:

High blood pressure ☐ Low Blood Pressure ☐ Back problems ☐ Heavy menstruation or cramps ☐
Osteoporosis ☐ Arthritis ☐ Asthma ☐ Other (please specify below) ☐

Have you had any recent surgery? Yes ☐ No ☐ Please specify: _____

Are you on any medication? Yes ☐ No ☐ Please specify: _____

Please detail ANY injuries, illnesses or ailments you have, where your problem areas are in your body and if you are pregnant or if you have had a baby in the past 12 months:

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Indemnity Form:

All due care is taken in the instruction of these classes. Please be aware however, that each student is responsible for their own well-being from when they enter the classroom and throughout the class. Only poses deemed safe for the student will be taught. The teacher will not be responsible for any injury incurred in a Zen Space class. Please do not attempt a move that you do not understand or looks too difficult, alternative poses will be given in these cases.

I _____ have read and fully understood these instructions (including 'preparing for yoga') and hereby take full responsibility for myself in this class, ask any questions and communicate any difficulties with my teacher.

Participant's name, signature and date:

Name: _____

Signed: _____ Date: _____

Instructor's name, signature and date:

Name: _____

Signed: _____ Date: _____