



Ascension Astrology & Yoga

1st floor, Eton Arcade, Eton Street, Sutherland 2232

The following information is requested to help you derive maximum benefits from your Yoga classes and will be treated as strictly confidential

Name:.....Date of Birth...../...../.....

Phone: (M).....Suburb.....

E-mail.....

Don't miss out on Discounts, Events and Special Notices,

Circle YES to subscribe to our e-mailing list, YES

1. Do you have any particular reason for attending yoga classes?

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2. Have you attended yoga classes previously? YES/NO If yes, how long, and by whom were you taught?

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3. Please note any health problems you may be suffering from, such as chronic injuries or illness and any medication, such as high blood pressure tablets you may be on.

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5. How did you hear about us, please circle?

Friend ↑ **The web** **Facebook** **Our Sign** ↑ **Flyer** ↑ Other.....

♣ **Ladies, please advise the teacher before the class if you are menstruating.**

The discipline of yoga requires a new journey into the physical, mental and spiritual wellbeing of its participants. As a student of yoga I agree that Ascension Astrology & Yoga, it's teachers and representatives shall not be held responsible for any injury sustained by me as a result of my participation in the classes.

Signature.....*Date*...../...../.....