



NameDOB.....

Mobile phone #

Email

- \$60 **4 group** classes to be attended within 4 weeks
- \$105 **8 group** classes to be attended within 4 weeks
- \$17 **one** group class
- \$70 **one private consultation**
- \$400 **25 group** classes + **one private consultation** within 25 weeks
- \$600 **unlimited group classes & up to 4 private sessions** within 26 weeks
- \$1,000 **unlimited group classes & up to 9 private sessions** within 50 weeks

Payment by Internet Bank Transfer / PayPal/Credit/Debit Card Receipt #.....

Policy Disclaimer Note

- I am aware that payments are non-refundable and can be transferred to another person
- I have consulted my health care professional in regard to practicing yoga and have fully informed the yoga teacher about any of my pre-existing medical conditions.
- I agree to practise yoga within my capacity without over extending myself.
- I acknowledge that the yoga teacher is not responsible if I over extend my physical limitations.
- **I have read and agree to the Terms & Conditions; I understand all payments are final unless otherwise specified; I understand classes are to be attended within the specified time frame.**

Indicate any of the following:

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|--------------------------|--------------------------------|---------------------|-----------------------|
| Arthritis | Dyspepsia (heart burn) | Hypertension | Sinusitis |
| Asthma | Eczema | Insomnia | Slipped disc |
| Back: elaborate below | Epilepsy | Menstrual | Spondylitis |
| Bronchitis | Hay fever | Migraine | Spondylosis |
| Chronic Fatigue Syndrome | Headache | Poor digestion | Stress: |
| | Heart disease: elaborate below | Pregnantweeks | low medium high |
| Constipation | Haemorrhoids | Recreational drugs | Thyroid: hypo / hyper |
| Cough | Hepatitis (ABC) | Restless legs | Tinnitus |
| Diabetes | Hernia | Rheumatism | Ulcer |
| Diahrroea | | Sciatica | Varicose Veins |
| | | | Vertigo |

Other.....

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Medication.....

Occupation.....

What do you wish to gain from practising yoga?.....

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