



## REGISTRATION FORM

Iyengar Yoga is taught by qualified teachers who have undertaken a minimum of 5 years training.

**Please read the following carefully, tick the appropriate box and sign below**

DO YOU SUFFER FROM ANY OF THE FOLLOWING	YES	NO	DO YOU TAKE MEDICATIONS?
Hypertension (High Blood Pressure)			
Heart Disease (Angina)			
Have you had a Heart Attack (If yes when)			
Have you had Epilepsy ( Minor or Major )			
Are you Diabetic (Diet Controlled / Inject Insulin)			
Have you had treatment for cancer			
Have you suffered from detached retina			
Have you had Meniere's Disease			
Have you been diagnosed with Multiple Sclerosis			
Have you received treatment for ME ( Myalgic Encephalomyelitis )			
Have you been diagnosed HIV Positive			
Are you a suffer of Asthma			
Do you suffer from Allergies			
Do you have Varicose Veins			
Do you suffer from nose Bleeds			
Are you Pregnant			
Have you had a baby in the last 12 months			
<b>Have you had any structural damage to your body that you have received treatment for:</b>  NECK INJURY / SHOULDER INJURY / KNEE INJURY BACK INJURY / HIP INJURY / ANKLE INJURY			

**Please inform the teacher of any condition that could affect your practice.**

Contact name and number in case of emergency .....

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_ TEL \_\_\_\_\_

CLASS NAME \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

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