

The Edinburgh Iyengar Yoga Centre

195 Bruntsfield Place Edinburgh EH10 4DQ

Director: Elaine Pidgeon

Enrolment Form

THE CLASS YOU WISH TO ENROL FOR

Time Day..... Standard

Starting on.....

Are you already attending classes at the EIYC?.....

YOUR PERSONAL DETAILS

Name..... Telephone

Address

.....Post Code.....

MEDICAL DETAILS

If you are in any 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.

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PAYMENT

I enclose a cheque for £ payable to the **Edinburgh Iyengar Yoga Centre**
(This includes VAT at the standard rate).

SIGNATURE

..... Date

Please send this form with your cheque to the centre.

Unless you hear to the contrary you may assume that you have been booked in the class of your choice, but please enter your e-mail address here if you would like written confirmation