## Registration Form

## About You

Name:	
Emaíl*:	
Occupation:	
Have you done Yoga before? If so for how long?	
Do you have any injuries I should be aware of?	
Please circle any areas that are true for you:	Neck & Shoulder Tension / Trouble Sleeping / Low Back Ache / Anxiety / Stress / Runner/ Other sport – please state which
	Back Ache / Anxiety / Stress / Runner/ Other
are true for you: How did you find out about	Back Ache / Anxiety / Stress / Runner/ Other

## **Further Information**

If you are pregnant, have high or low blood pressure or have detached retina please talk to me before class.

\*In providing your email address, Julia will automatically add you to her newsletter email list, this is simply used to keep you informed. She will never share, rent or sell your personal information to third parties. You can unsubscribe at any time.

## <u>Disclaimer</u>

You agree that any information, instruction or advice obtained from Julia Linclau may NOT be used as a substitute for your Doctor's advice or treatment and will be used at your own risk.