

ESMEYOGA CLASS REGISTRATION

NAME:

ADDRESS:

EMAIL:

AGE:

Are you pregnant? If so, how many weeks:

Have you done Yoga before? If so, for how long:

Please list: Injuries/ Medical conditions/ Medications?

What are your primary reasons for attending Yoga?

(TICK those that apply)

- **Improve Posture/ Balance**.....
- **Flexibility**.....
- **Core Stability**.....
- **Muscle Strength**.....
- **Focus/ Spiritual Growth**.....
- **Improve Body Awareness/ Breathing**.....
- **Reduce Stress/ Increase 'Peace of Mind'**.....
- **Improve Mindfulness**.....
- **OTHER (Please specify)**.....