

Registration Form

Juliyoga

About You

Name:	
Email*:	
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
How did you find out about the class?	
What do you want to get out of a yoga class?	
Date of First Class with Juliyoga	

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.

Disclaimer

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.

Your Signature:

Date: