

Wai Chung Yoga - Form

Event:

Venue:

Date:

Teacher: *Wai Chung* (Fully qualified Yoga teacher - BWY 500 - Registered with The British Wheel of Yoga)

Full Name:			
Occupation or Course if student		Mobile No.	
Address:			Are you happy for Wai to contact you about future yoga updates? YES NO
Email:			

Have you done any form of Yoga before this? (please delete) YES NO

Have you practiced any meditation before this? (please delete) YES NO

What do you want to achieve from the yoga classes?

What workshops & day events would you like?

Are you taking any medication? (please delete) YES NO

Please list any medication, what you are taking it for and how long you've been taking:

Please list any medical conditions below, & state if could be pregnant, have diabetes, epilepsy, or have any conditions that may affect you practicing yoga:

I declare the above statements to be true *(to the best of my knowledge)*

Participant signature:

Date: