Registration form for Yog Yatra

organized at

Bal Bharati Public School_____

in collaboration with

Mokshaytan Yog Yatra

The purpose of this registration form is to help the Yoga Teacher understand your fitness and health level in order to address your general expectations from our Yoga classes.

Name		Gender
Date of Birth		Age as on date
Add	ress	
Phone No		e.mail Address
Aad	har Card no	
1.	Have you practiced Yoga before ? (Tick) Yes/No	
2.	Do you suffer from any of the Arthritis	following health issues ? Tick where applicable. Blood Pressure
	Eye issues	Migraine
	Asthma	Diabetes
	Epilepsy	Back Pain
	Cervical Spondalytis	Heart Condition
	Sciatica	Any surgery
	Any fracture	
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3. Please mention any other health issue, if its not mentioned above.

Please note :

- The Yoga sessions will be taken by experts from Mokshaytan Yog Yatra. The yoga sessions will be held on Saturdays & Sundays from 7.00 a.m. to 8.00 a.m. in school playground.
- > Once registered attendance will be mandatory to get maximum benefit from the classes.
- > The classes are free of cost. However, you are required to bring your own yoga mat for the classes.
- Please be aware that proper care shall be taken for your well being and safety. However, it is important to realize that it is ultimately your responsibility to adjust your practice to avoid injuries of any kind.
- > No responsibility will be taken for injuries or any issue arising from or as a consequence of, your participation in these classes.

Signature _____

Date _____