

Who is / are your teacher(s)? _____

How long have you studied with your teacher(s)? _____

Do you teach yoga? Yes No

Why are you interested in attending our Course(s)? _____

What do you hope to gain from our Course(s)? _____

What are your present challenges in yoga? _____

Describe your health. _____

List all injuries, operations and illnesses. _____

List any medications you are currently taking, and the reasons for taking them.

Are you pregnant? Yes No

If so, when is your baby due? _____

Describe any other conditions(s) you believe we should be aware of.

List other forms of exercise or sports you participate in. _____
