

Registration Form



Full name	
Address incl. postcode	
Date of birth	
Contact phone number(s)	
Email address	
Please state which course you are registering for e.g. teacher training	

In this section, tell us about your experience of yoga, about your practice and why you want to take part in the training.

Registration Form

Health and medical information	
Please describe here any medical information or health conditions, both existing and prior, that may be relevant, or that may affect your ability to take part in the training. Include any surgery you have had in the last two years, and any medication that you take.	
Are you pregnant or have you given birth in the past year?	

Emergency Contact Details	
Give details of who you would like us to contact in case of emergency	
Name	
Address	
Phone no	
Email	
Relationship to you	

Signature		Date	
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If you return this form by email, we will accept a typed name as your signature



Annamaria Sacco | info@bodysymphonies.co.uk | Tel: +44 (0)7818 553 788
 Body Symphonies, 6.19 St Margaret's House, 151 London Rd, Edinburgh EH7 6AE