

# THOUDAM SARAT MEMORIAL HAKCHEL KANGLON YOGA CENTER

JIRIBAM, IMPHAL EAST, MANIPUR

Application Form for Yoga Class

## APPLICATION FORM

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Class

Venue: - THOUDAM SARAT MEMORIAL Hall  
Level: - Beginners Day: \_\_\_\_\_ Time: \_\_\_\_\_

## Health Declaration

YOGA Asanas involve physical stretching. In the interests of your own health, it is important for us to know your medical history and decide if you should refrain from performing some yoga asanas.

Have you had any previous history of injuries to your back, ankles, knees, neck, shoulders or any bones or joints?

If yes, please provide details:

\_\_\_\_\_

Are you suffering from any illness e.g. high blood pressure, heart disease, etc.?

If yes, please provide details:

\_\_\_\_\_

Have you been advised by any doctor not to perform (or refrain from) any form of physical exercise?

If yes, please provide details:

\_\_\_\_\_

## Disclaimer and Signature

I declare that I am signing up for this yoga class on my own accord. I undertake that I will

- \* Exercise all precautions advised by instructors during the yoga course.
- \* NOT go beyond my own physical limits during yoga practice.
- \* I will NOT hold the instructors of YOGA CONNECTIONS legally responsible for any liabilities or damages should I be injured during the course of practising yoga.

Date:

Signature of Applicant:

