

# The Edinburgh Iyengar Yoga Centre

195 Bruntsfield Place Edinburgh EH10 4DQ 0131 229 6000 info@yoga-edinburgh.com

## Enrolment Form

### THE CLASS YOU WISH TO ENROL FOR

	Term.....	Year.....
FIRST CHOICE	Time .....	Day..... Level .....
SECOND CHOICE (optional)	Time.....	Day..... Level.....
Are you already attending classes at the EIYC?.....		

### YOUR PERSONAL DETAILS - CAPITAL LETTERS please!

Name.....	Telephone .....
Address .....	
.....Post Code.....	
Email address .....	
<b>Medical details.</b>	
<ul style="list-style-type: none"><li>• If you are in any doubt about practising yoga please consult your doctor <i>before</i> you enrol.</li><li>• If you do not suffer from any of these conditions write NONE below.</li><li>• If you do suffer from any of the following conditions please tell us – Hypertension (high blood pressure), conditions associated with Heart Disease, Cancer or Benign Tumours, Epilepsy including Petit Mal, Diabetes, Meniere's Disease, Detached Retina, AIDS, Multiple Sclerosis, Myalgic Encephalomyelitis, recent Post-operative Conditions, Back Trouble including Slipped Disc, Pregnancy or any other condition you think we ought to know about.</li></ul>	
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HOW DID YOU FIND OUT ABOUT US? (Please underline) *Passing the door, Friends, our Website, Local Leaflet, Yellow Pages, Evening News, Scotsman, other*

### PAYMENT

I enclose a cheque for £ ..... payable to the **Edinburgh Iyengar Yoga Centre** (This includes VAT at the standard rate).

### SIGNATURE

..... Date .....

*Please send this form with your cheque to the Centre. Unless you hear to the contrary assume you have been booked in the class of your first choice, but please tick here if you would like written confirmation ..... We will tell you if we have enrolled you in your second choice.*