



**Teacher Training and Yoga Immersion Course
Registration Form**

Your enrolment entails this registration form & payment of your deposit.

Contact Information

<i>Full Name</i>	
<i>Preferred first name</i>	
<i>Date of Birth dd mmm yyyy</i>	
<i>Home contact number</i>	
<i>Mobile contact number</i>	
<i>Emergency/next of kin name and phone number</i>	
<i>Email address</i>	
<i>Address</i>	

Background

List your current occupation and qualifications.

Are you currently undertaking any full or part time study? If yes, describe.

Your Privacy: The information you provide on this form will be treated confidentially by Pine Rivers Yoga and used solely in relation to the Teacher Training and Yoga Immersion Course.



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Do you have any First Aid qualification? If yes, list and include date of expiry.

Do you have any medical training or anatomy knowledge? If yes, describe.

Health History

Have you experienced any medical conditions, surgery or injuries in the last 12 months? If yes, describe. Include any older medical history if relevant.

Are you currently taking or withdrawing from any kind of medication or drugs? If yes, describe.

Have you experienced or do have a history of mental illness? If yes, describe.

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Your Yoga Journey so far

Describe your previous yoga experience (number of years, styles and teachers).

What is your current frequency of yoga class attendance (classes and home practice)?

Describe any yoga courses or workshops you have attended (teachers, topics, styles).

What benefits do you hope to gain from this course?

Signed _____ Date _____

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