 Registration Form About you

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| --- | --- |
| Name: | Age: |
| Email: to **OPT IN** for receiving emails, this is essential to communicate with you about classes. \* |  |
| Have you done yoga before? If so how long? |  |
| Do you have any injuries I should be aware of? |  |
| Please circle any areas that are true for you: | Neck & Shoulder Tension/ Back Ache/ Trouble Sleeping/ Stress/ Anxiety/ Runner |
| How did you find out about the class? |  |
| What do you want to get out of a yoga class? |  |
| Date of First Class with K. Lee-Betti |  |

Further Information

If you are pregnant, have high or low blood pressure or have a detached retina please make sure to talk to me before class.

\* In providing your email address and ticking the opt-in box you are electing to subscribe to K. Lee-Betti’s Yoga with Kiki’s newsletter email list, this is simply used to keep you informed. We will never share, rent or sell your personal information to third parties and you can unsubscribe at any time.

*Disclaimer: You agree that it is your responsibility to inform the teacher by email before the lesson starts of any medical changes. You agree that any information, instruction or advice obtained from K. Lee-Betti may not be used as a substitute for your Doctor’s advice or treatment and will be used at your own risk. I agree that I have read and understood “Online Yoga with Kiki’s Guidance on how to practise Yoga at home”.*

**Your signature: Date:**

**Your parent /guardian’s signature if under 18: Date:**