



Strathfield Australians of Indian Sub-continental Heritage Inc (SAISH)

YOGA FOR ADULTS – Group 1

On Sundays from 11 Feb 2024 to 30 Jun 2024, 9.00am to 10.00am

Registration and Indemnity Form

Last Name: _____ First Name: _____

Age: _____ Gender: Male / Female

Address: _____

Phone _____ Email _____

Emergency Contact: Name _____ Relationship: _____ Phone _____

Have you practised Yoga before? If yes, for how long? _____

Reasons for joining Yoga: 1. Preventative (Improve wellness, fitness) 2. Stress Management
3. Therapeutic (Please specify) _____

Are you pregnant? Yes/No

(Ladies: There are certain limitations for women who are pregnant or menstruating. Consult the teacher before class.)

Do you have any existing injuries, medical conditions or recent surgeries? Yes/No

If yes, please state what they are and when they occurred?

Vertigo _____ Any back ailments _____

Any Musculoskeletal issues related to but not limited to neck/shoulders/lower back/knees etc

Blood Pressure Low/High _____ Heart Conditions _____

Others, please specify: _____

Covid Vaccinations: 1. Yes (2 doses plus booster) 2. Not vaccinated

Cost per person: \$80 for Yoga classes from 11 Feb 2024 to 30 Jun 2024

(See next page for payment instructions)

INDEMNITY – Please read and sign

Every precaution and much care is taken by SAISH and the teacher during class so that you can practice in a safe and supportive environment. You are invited to enthusiastically approach your practice. However, it is encouraged that you take care when determining your own ability to do the exercises offered in class and do not aggravate existing injuries. Please be aware and you agree that you are ultimately responsible for your own personal health and safety and any injuries or illness incurred during class or otherwise are not the fault of the teacher or SAISH. If you have any particular injury or condition, please consult your physician before beginning your practice. Always inform the teacher or the assistant of any injury, medical conditions, if you are pregnant or have had any recent surgeries before you start the practice.

All personal information collected is confidential and will not be shared.

I have read, and agree with, the above statement.

SIGNATURE _____ DATE _____

PAYMENT INSTRUCTIONS

Cost per person: \$80

Pay by Direct Bank Transfer to

Westpac Bank Strathfield,

ACC Name: SAISH Inc

BSB: 032 069, ACC No: 442719

(Include "YOGA <your name>" in the transaction description)

Please email completed registration form and payment details to Dinesh Garg at garg1050@yahoo.com.au and Padmaja Sarkar at paddysarkar@hotmail.com

Refund Policy

In case you wish to discontinue from the program, you will give us 2-weeks' notice. We will deduct an Administration Fee of \$30 plus pro-rata charge for the number of classes to the end of the notice period and refund the balance.