



Strathfield Australians of Indian Sub-continental Heritage Inc (SAISH)
YOGA FOR ADULTS – Group 2
On Sundays from 6th July 2025 to 14th December 2025, 9.15am to 10.15am

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: \$100 for Yoga Classes from 6th Jul 2025 to 14th Dec 2025
(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: \$100

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 **Holistic Yogshala** at hyogshala@gmail.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 \$40 plus pro-rata charge for the number of classes to the end of the notice period and refund the balance.