

# Yoga Association of Victoria – Rocklyn Ashram

## Short Courses Enrolment Form

Please complete the form in clear capital letters and send by mail or email to the Yoga Association of Victoria with your 25% deposit, made with credit card details, or cheque in the above name, or phone with your credit card details 03 5345 7434.

Family Name:..... Given Name: .....

Date of birth:..... Male/Female (please circle)

Spiritual name: (if applicable)..... Initiation type: (if applicable).....

Address:.....

Suburb:..... State: ..... P/Code:.....

Telephone:..... Mobile:.....

Emergency name:..... Emergency number:..... Relationship:.....

Email: (print clearly).....

Profession:.....

Rocklyn Course Name and Course Date:.....

Payment: 25% deposit of the total fee is required to secure your booking:

Card#..... / ..... / ..... / ..... / Expiry date...../..... Name.....

Please inform the teacher or the director of any existing health conditions which may be affected by yoga practice.

High/low blood pressure	Heart conditions	Head aches	Asthma	Pregnancy
Diabetes	Digestive problems	Chronic pain	Back Problems	Mental Health

Please give details of health conditions and if medication is currently used.

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Are you already on our mailing list? Yes  No

Would you like to be on our mailing list? Yes  No

**Acknowledgement:** While I understand that the teacher may give advice and precautions in regard to yoga practices, I acknowledge that the ultimate responsibility for my wellbeing remains with me.

Signed:..... Date:.....

If you have time please answer the following questions.

Do you have any prior experience in Satyananda Yoga? Yes/No

Have you been to the yoga centre before? Yes/No

How did you find out about the yoga centre? (Please circle)

Friend's recommendation Website Advertising Yoga Teacher Phone book Other (specify).....

For what reasons are you coming here?

Relief from stress Yoga stretches Meditation techniques Further my yoga experience Time out Other

For how long have you been doing: Yoga  Meditation

No experience at all 1 month to 6 months 7 months to 11 months 1 year to 2 years over 2 years

Are you a yoga teacher? (please circle)

Affiliated Satyananda Yoga

Accredited Satyananda Yoga

Non-accredited Satyananda Yoga

Other (please specify).....

Thankyou