



# Yoga Registration Form

## Personal Details

Title	
First Name	
Surname	
Address	
Postcode	
Contact Number	
Email Address	

## Next of Kin

Next of Kin Name	
Relationship	
Contact Number	

## Medical Condition

Do you have any disabilities or medical conditions? (please circle)	Yes / No
If yes, have you taken any medical advice? (please circle)	Yes / No

***If you have not taken any medical advice, please note that you will not be permitted to participate in any sports activities organised by Oadby and Wigston Hindu Community.***

***If you attend any activities or exercise organised by OWHC, with or without any medical advice, you will be attending entirely at your own risk. If in doubt, please do not participate in any sports activities organised by OWHC.***

## Declaration

I willingly take part in activity or exercise at my own free will and risk. The organisers will not be responsible for any loss, damage or injury caused due to participation in any such activities organised by OWHC. I understand that I am not allowed to participate without my Doctor's advice in relation to any disabilities or medical conditions that I may have. If I do it will be entirely at my own free will and risk. I agree to follow precautionary health & safety advice given by the instructors and organisers. The organisers reserve the right to restrict or deny participation at any time.

Signature:	Date:
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Please bring this form with you on the first day.