

Welcome, Yoga with Catherine; discover who you are

Unwind, energise, relax and rejuvenate with 90 minutes of gentle yoga and relaxation designed especially for you.

Your class is held on:

- 🌀 Fridays
- 🌀 1.30-3pm
- 🌀 The Cornerstone, All Saints, Wokingham
- 🌀 6 week course costs £39

You will need the following:

- 🌀 Loose fitting comfortable clothing
- 🌀 Non Slip Yoga Mat
- 🌀 Blanket
- 🌀 Bricks or Blocks
- 🌀 Yoga Belt

If you need any of the above you can purchase these at a discount from Catherine

Try to allow about 2 hours between eating and yoga practice.

When practicing yoga work within your limits, listen to your body, practice regularly but mostly **enjoy** your Yoga.

Please inform your teacher of any medical conditions and update her if these or any of your personal details change.

#### Teacher Contact Details

- 🌀 Catherine-Jayne
  - 🌀 [info@catherinejayne.co.uk](mailto:info@catherinejayne.co.uk)
  - 🌀 [www.catherinejayne.co.uk](http://www.catherinejayne.co.uk)
  - 🌀 07810 232373
- British Wheel of Yoga

Please **keep** this section for your information

Yoga with Catherine



...Discover who you are...

[www.catherinejayne.co.uk](http://www.catherinejayne.co.uk)

"Tension is who we think we should be  
Relaxation is who we are"  
Chinese Proverb

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## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

\_\_\_\_\_

email \_\_\_\_\_

Please read and check the following

- I have enclosed course payment of £39 or
- I am in full time education/retired and enclose the discounted course fee of £33
- I am responsible for own safety and will work within my own limits as guided by my teacher
- I have disclosed all relevant medical information

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Fees are non-refundable. Please make cheques payable to:  
Catherine Thomas.

Please **return** this section to your Yoga Teacher

## Medical Form

Your teacher requires this information to teach you safely and effectively. Please provide all relevant information and feel confident that your details are stored confidentially

Please tick any that apply to you and add details if applicable

- Anxiety
- Arthritis or Joint discomfort
- Asthma or breathing difficulties
- Allergies
- Back injury or discomfort
- Diabetes
- Depression
- Eye problems
- High Blood Pressure
- Low Blood Pressure
- Pregnancy
- Recent major surgery

Other issues you feel your teacher should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please outline, if any, your Yoga experience:

\_\_\_\_\_

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Please **return** this section to your Yoga Teacher