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**Weekly Mind-Body Relaxation Class**

**Registration Form**

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| **NAME:** |  |
| **ADDRESS:** |  |
| **TEL NO.** |  |
| **EMAIL:** *You will be added to our newsletter list for weekly support and updates.* |  |
| **MEDICAL CONDITIONS:***Please make sure your teacher is aware of all medical conditions. Please check with your doctor before undertaking any new exercise routine.* |  |
| **HOW DID YOU HEAR ABOUT US?** | **□ Flyer □ Facebook/Website □ Advert****□ Recommendation by………………………………….….****□ Other………………………………………………..………….** |
| ***Whilst every care is taken with your health & wellbeing, this class is not designed to replace medical advice.*** ***Please seek your medical practitioner’s advice if you have any concerns.*** |
| **SIGNATURE:** |  |