



# Dummer Yoga

Debra Mann, Yoga Teacher



Please forward completed form to [debra@dummeryoga.co.uk](mailto:debra@dummeryoga.co.uk) or bring along to class.

## Your details (please use BLOCK CAPITALS)

|                    |  |
|--------------------|--|
| Full Name:         |  |
| Tel Number:        |  |
| Email address:     |  |
| Emergency contact: |  |

## Classes

| <b>Yoga with Debra</b>                         | <b>Yoga with Debra</b>                    | <b>Yoga with Debra</b>                         | <b>Senior Keep Fit with Yoga</b>               | <b>Senior Keep Fit with Yoga</b>          |
|--|---|--|--|---|
| The Studio, Dummer Down Farm                   | The Studio, Dummer Down Farm              | Hatch Warren Community Centre                  | Hatch Warren Community Centre                  | Dummer Village Hall                       |
| Wednesday:<br>9.30am - 10.30am                 | Wednesday:<br>8.00pm - 9.00pm             | Tuesday:<br>12.30 - 1.30pm                     | Tuesday:<br>1.45pm - 2.45pm                    | Thursday:<br>9.30am - 10.30am             |
| £7 per session                                 | £7 per session                            | £6 per session                                 | £4.50 per session                              | £5 per session                            |
| Please tick to block book                      | No pre-booking required                   | Please tick to block book                      | Please tick to block book                      | No pre-booking required                   |
| Payment methods<br><b>Cash / Cheque / BACS</b> | Payment method<br><b>Cash on the door</b> | Payment methods<br><b>Cash / Cheque / BACS</b> | Payment methods<br><b>Cash / Cheque / BACS</b> | Payment method<br><b>Cash on the door</b> |

## Fitness questionnaire (please circle)

To make classes as suitable as possible for everyone, please complete the following questions. **All information provided will be treated confidentially.**

1. Has your doctor ever said you have a heart condition?  
Yes / No
2. Do you ever feel pain in your chest when you do physical activity?  
Yes / No
3. Do you ever faint or have dizziness?  
Yes / No
4. Do you ever have joint problems that could be made worse by exercise?  
Yes / No
5. Have you ever been told that you have high blood pressure?  
Yes / No
6. Is there any other relevant health information that you feel I should know of?  
*Please write below*