

<p>TRINITY INNER COR YOGA ACADEMY ABN 69 0758 16211</p>
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Course Instructors:
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Trinity Inner Cor Yoga Academy
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<p>APPLICATION FORM</p>

FULL NAME: M / F

ADDRESS:

TEL: BH: AH: MOBILE:

FAX: EMAIL:

POSTAL ADDRESS (If different to address):

.....

AGE:

NUMBER OF YEARS OF YOGA: YEARSMONTHS

DETAILS OF YOUR PREVIOUS YOGA EXPERIENCE:

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.....

.....LEVEL REACHED:

QUALIFACTIONS/ACCREDITATIONS e.g. Degree/Diploma/School:

.....

REFEREES

- 1. TEL
- 2. TEL
- 3. TEL

DO YOU SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS?

Medications:
 What are the medications for?
 Pregnant: Y / N How many months?
 Recent Operations
 Artificial Joints Metal Plates Screws
 Heart Disorders: Y / N Pace Maker Y / N When
 Why?
 Circulation Disorders
 Thrombosis Where
 Asthma/Respiratory Disease Allergies
 Visual Disorders Hearing Disorders
 Arthritis Osteoporosis
 Spinal Disorders Bone Disorders/Fractures When?
 Malignancies (Cancer)
 Skin Diseases
 Muscular Injury Where
 Anything else we need to know?

PAYMENT BY CREDIT CARD DETAILS: (credit card payment will incur 3% bank charges)

TYPE OF CARD VISA / MASTERCARD

NAME OF CARDHOLDER:

ACCOUNT NO: **EXPIRY DATE:** / /

CVV:.....

PAYMENT BY CHEQUE

Please make payable to Trinity Inner Cor Yoga Academy

TERMS & CONDITIONS

I have read and agree to the terms & conditions outlined.