

February Half term Holiday Classes 2012

Monday	13 February	7.30 - 9.30 pm	Level 3	Jon Hunt
Thursday	16 February	5.55 - 7.10 pm	Level 1	Edgar Stringer
Thursday	16 February	5.55 - 7.10 pm	Level 2	Edgar Stringer
Monday	20 February	7.30 - 9.30 pm	Level 3	Jon Hunt
Tuesday	21 February	10.00 - noon	Level 4	Richard Agar Ward
Wednesday	22 February	10.00 - noon	Level 1/2	Richard Agar Ward
Thursday	23 February	5.55 - 7.10 pm	Level 1	Edgar Stringer
Thursday	23 February	7.15 - 8.45 pm	Level 2	Edgar Stringer

Level 1/2 classes are for those with some experience of yoga (including beginners). Level 3/4 classes are only for those who regularly attend IYENGAR yoga classes.

To book your place complete the form below, keeping this portion for reference, and send with fees to the above address.

Alternatively you may drop-in without pre-booking for an additional charge of £1.00 per class (please note drop-in places not guaranteed).

Please note:

- Advance bookings must be received by 7 February.
- 40% concession for those in households with very low incomes (documentary evidence required)
- You **must** advise us of any medical conditions or injuries before the class.
- These classes are not suitable for pregnant women or those with certain medical conditions (see over).
- Booking fees are non-refundable
- You will receive e-mail confirmation of your booking (or notification that you are on the waiting list) on 8th February.

Please tick your choices

			Member/non-member
Monday 13 February 7.30 - 9.30 pm	Level 3	<input type="checkbox"/>	£13.00 / £14.00
Thursday 16 February 5.55 - 7.10pm	Level 1	<input type="checkbox"/>	£10.00 / £11.00
Thursday 16 February 5.55 - 7.10pm	Level 2	<input type="checkbox"/>	£10.00 / £11.00
Monday 20 February 7.30 - 9.30 pm	Level 3	<input type="checkbox"/>	£13.00 / £14.00
Tuesday 21 February 10.00 - noon	Level 4	<input type="checkbox"/>	£13.00 / £14.00
Wednesday 22 February 10.00 - noon	Level 4	<input type="checkbox"/>	£13.00 / £14.00
Thursday 23 February 5.55 - 7.10 pm	Level 1	<input type="checkbox"/>	£10.00 / £11.00
Thursday 23 February 7.15 - 8.45 pm	Level 2	<input type="checkbox"/>	£10.00 / £11.00

I enclose £_____ (cheques payable to **Bath Iyengar Yoga Centre**) for the classes indicated. Receipt required? (tick)

Non-members please complete the medical declaration on the reverse of this form

Name _____

e-mail _____

or

Tel _____





3 The Foundry, beehive Yard, Walcot St, Bath BA1 5BT
www.bath-iyengar-yoga.com 01225 319699 office@bath-iyengar-yoga.com

MEDICAL DISCLOSURE Please read the following carefully:

We are concerned for your health and wellbeing and as such it is essential that you inform us of any medical conditions, operations, ailments or injuries you have, or have had, and inform us if you are pregnant, prior to undertaking any course of yoga with us. This information should be written below. You must keep any such details up to date and inform us in writing of any changes well **before** class. We will of course treat this information with discretion.

It is inadvisable for pregnant women and those with the following medical conditions to attend this course:

- | | | |
|-----------------------------|---|------------------------------------|
| 1. Hypertension | 5. Multiple Sclerosis (MS) | 8. Meniere's disease |
| 2. Cancer or benign tumours | 6. Recent post-operative conditions | 9. Epilepsy including Petit Mal |
| 3. Diabetes | 7. Conditions associated with heart disease | 10. AIDS |
| 4. Detached retina | | 11. Myalgic Encephalomyelitis (ME) |

If any of these apply please contact us for information on our yoga classes which would best meet your needs.

I certify that I have disclosed below any medical conditions, operations, ailments or injuries (including pregnancy) that I have before undertaking any yoga class with Bath Iyengar Yoga Centre. If any such conditions arise after this date I will inform Bath Iyengar Yoga Centre (in advance and in writing). In any event I accept that the yoga classes are undertaken at my risk and I accept that Bath Iyengar Yoga Centre will accept no responsibility for any injury suffered.

Signature **Date**

Medical conditions, injuries, operations, ailments (continue on a separate, named sheet if necessary):

