

60+ AND GORGEOUS APPLICATION FORM - MELBOURNE

Full Name: M / F

Address:

Mobile:Phone.....

Email:(Print clearly).....

Postal address (If different to address):

Age:

Number of years teaching Yoga:Years

Yoga Qualifications/Accreditations e.g. Diploma/School:

.....

.....

Application for: Melbourne Y

Medical Information

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

Circulation Disorders

Thrombosis Where

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Medical information continued.

Asthma/Respiratory Disease

Allergies

Visual Disorders

Hearing Disorders

Arthritis Osteoporosis

Spinal DisordersWhen?.....

Bone Disorders/Fractures When?

Malignancies (Cancer)

Skin Diseases

Muscular Injury Where

Anything else we need to know?.....

Payment:

Account Name: Pauline M Rooney

BSB: 013 642

Account No: 294 715 625

Deposit: \$360.00 Y/N

2 weeks prior to start date: \$300.00 Y/N

Full payment by start date: \$660.00 Y/N

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