



*Do you know how to*  
**Take Responsibility for your Back?**

A joint, introductory workshop with

**Justin Stewart, Sport & Rehabilitation Consultant**

and

**Samadhimurti, SATYANANDA YOGA® Teacher**

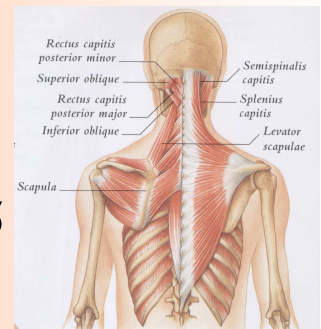
Sunday 27th June 2010, 2 - 5 pm

North City Yoga,

63 Kent St, Frankton, near P.O.

Bookings: Samadhimurti 07 - 858 3445

Cost: \$50 / \$30 (NFP / concession)



Suitable for beginners as well as more experienced practitioners.

**Bookings essential—spaces are limited!**

Please wear comfortable clothing and bring a mat, blanket and cushions.

If you have an existing medical condition, please get your doctor's approval before commencing this session.

Learn to stretch, strengthen, tone, relax and breathe to take care of your back and help relieve back issues. The session will cover

- Theory: how the back works
- Lower back practices
- Upper back practices
- Lifting practices
- Deep relaxation

see [www.shraddha.org.nz/classes.htm](http://www.shraddha.org.nz/classes.htm) for more info.

## Enrolment and Health Form

Yes, please enrol me for the "Take Responsibility for your Back" workshop on Sunday 27th June, 2-5 pm. Payment of \$50 / \$30 (if working for a not-for-profit organisation, or other concession) is enclosed, please mail to **Shraddha – Yogic Lifestyle Education Trust, 60 B Regent St, Hamilton 3216**

The following information is important so that the teacher can assist in the safe practice of yoga.

Name: .....

Date of birth: ..... / ..... / .....

Profession: ..... *optional*

Working for a not-for-profit organisation?

No  Yes , please name .....

Phone/Mobile: ..... *optional*  
(Useful in the unlikely event of a class being cancelled at short notice)

Email: ..... *Optional*

	<b>Yes</b>	<b>No</b>
Have you received any form of treatment or taken any medication during the last 6 months? (For example: Treatment from a GP or other therapist, complementary medicines)	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered any injury or undergone any operation or investigation in the last two years? (For example: Sprains/strains, broken or pinned bones, operations or scans)	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any illness, medical condition or disability? (For example: high/low blood pressure, diabetes, hernia, depression, osteoporosis)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered <b>Yes</b> to any of the above, please give more information:		

Have you practised yoga before? If so, for how long and how recently.

Please say briefly what interests you about coming to this workshop.

Signed: .....

Date: ..... / ..... / .....

**Confidentiality**

This student record is strictly confidential. However, if there is any information that you would rather not put on this form for any reason, please talk to the teacher.