

Kilkenny School of Yoga 

Canal Square, Rose Inn Street

**CLASS ENROLMENT FORM**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Consent: *Kilkenny School of Yoga* can keep my details on file for marketing purposes **YES | NO**

Age Group <15 16-20 21-30 31-40 41-50 51-60 61-70 71-80 81+

Have you suffered from any serious illness/injury/surgery ? If yes – outline below:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Kilkenny School of Yoga? \_\_\_\_\_

**I have consulted my doctor and am in a fit state to do yoga.  
I understand that *Kilkenny School of Yoga* holds no liability in the event of accident/injury.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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