

Anatomy and Yogasana
Registration Form

Name: _____

Thank you for your interest in Anatomy and Yogasana. This will focus on specific asana and their involved anatomical structures. There will be a strong emphasis on practice in order for participants to *feel* the structures being referenced. You will learn by doing. For the most part asana will be of a fundamental level in order to look at where structural concerns begin. In course One we will also look at the anatomical factors in preparation for inversions. Willingness to engage in asana practice at your level of ability will be required.

All practice styles are welcome, however this course will be taught from an Iyengar perspective. It is suitable for yoga teachers, students and health care providers with an interest in the benefits of yoga and a desire to study or review anatomical applications.

Please answer the following questions and return this form along with your payment.

This course is not designed to address your individual health issues nor is this course a yoga vacation, it is designed to meet Continuing Education criteria.

1. Are you a: (check all that apply)

Yoga Teacher

Massage Therapist

Yoga Student

Other: _____

2. Do you have a yoga practice? _____

What style of yoga do you practice? _____

3. How long _____ and at what level do you practice? _____

4. Reason for taking this

workshop: _____

5. Do you have any health issues? (please provide details and use additional paper if necessary):

The following is an agreement by you that, to your knowledge, you have provided all information regarding your health that could be relevant to your participation in this workshop and that you take full responsibility for yourself and for the choices you make regarding your participation throughout this workshop. Any complications resulting from an undisclosed health matter or from choices made by you during the workshop will be solely your responsibility.

Signature: _____ Date: _____

Name (print): _____ Age: _____


COMPLETE Address: _____

Ph #: _____ Email: _____

Location of workshop you are registering for: (also print on outside of envelope) _____

Mail this form along with your check payment, payable to:

Leigh Milne PO Box 802, Salt Spring Island, BC, V8K2W3

----- Please detach  and keep below policy information for your reference -----

Workshop Policy:

- Register early to assure your place.
- In the event this workshop is cancelled your payment will be refunded in full.
- There is a nonrefundable \$100 fee (included in registration price)
- Withdrawal from the workshop: With notification less than eight weeks before the scheduled date you will be refunded 50% of your fee. Notification of less than four weeks and you will forfeit the full workshop fee. Consideration given for special circumstances.
- If the host facility has a workshop policy in place, it will be at the instructor's discretion which policy will apply.

IMPORTANT* RMTs, 100% attendance is required to receive a certificate of completion.**

Recommended reading: The Key Muscles of Hatha Yoga by Ray Long MD. Available though bandhayoga.com and How to use Iyengar Yoga by Mira Mehta available at amazon.ca