



Registration Form

Yatra in India – 2020 July 14-27

Full Name:	
Date of Birth: day/month/year / /	Male / Female
Address:	
Email:	
Phone (home / mobile):	
Occupation:	
Previous Yoga Experience:	
Please describe your present state of health:	
<i>Person to contact in case of emergency – Full Name:</i>	
<i>Phone (home / mobile):</i>	

Please check (✓) if you have a history or recent occurrence of:

<i>Allergies</i>		<i>Major Injuries</i>		<i>Hi Blood Pressure</i>	
<i>Cancer</i>		<i>Asthma</i>		<i>Other Body Pain</i>	
<i>Infectious Diseases</i>		<i>Heart Disease</i>		<i>Breathing Difficulties</i>	
<i>Arthritis</i>		<i>Neck Pain</i>		<i>Hypoglycemia</i>	
<i>Diabetes</i>		<i>Back Pain</i>		<i>Regular Headaches</i>	
<i>Broken Bones</i>		<i>Ulcers</i>		<i>Low Blood Pressure</i>	

Please answer in the space provided:

Any hospitalization / Operations? (please specify):
Are you pregnant? Yes / No ; If yes, how many months:
Are you taking any medication (please specify):
Please describe any other condition we should be aware of:

Please provide a copy of your international health insurance.

Sign Here if Participant is an Adult

Signature of Participant:

Date:

Sign Here if Participant is a Child

Name of Parent or Guardian:

Signature of Parent or Guardian:

Date: