

# YOGA 2012

## Central West Women's Health Centre Inc.

A.B.N. 28 614 767 988

Phone: 6331 4133

Fax: 6332 4310

Email: [information@cwwhc.org.au](mailto:information@cwwhc.org.au)

### Session 3 May to July

Please tick the class or classes you wish to attend.

<b>Monday</b> <input type="checkbox"/>	<b>Tuesday</b> <input type="checkbox"/>	<b>Wednesday</b> <input type="checkbox"/>	<b>Friday</b> <input type="checkbox"/>
Venue: CWWHC	Venue: CWWHC	Venue: CWWHC	Venue: CWWHC
<b>28<sup>th</sup> May – 23<sup>rd</sup> July</b>	<b>29<sup>th</sup> May – 24<sup>th</sup> July</b>	<b>30<sup>th</sup> May – 25<sup>th</sup> July</b>	<b>1<sup>st</sup> June – 27<sup>th</sup> July</b>
8 Week Session Cost: \$88 Concession: \$45	9 Week Session Cost: \$68 Concession: \$36	9 Week Session Cost: \$68 Concession: \$36	9 Week Session Cost: \$68 Concession: \$36
Duration 1.5 hours Time: 5.30-7pm	Duration 1 Hour Time: 7-8am	Duration 1 Hour Time: 9.30-10.30	Duration 1 Hour Time: 2-3pm

\*Concession for Pensioners/ Students

**Early bird discount of 10%** applies if you **register and pay** one week before the session starting date.

To register you can fax your completed registration form and Direct Transfer your money into the following account: **COMMONWEALTH BANK**

**BSB: 062-504      ACCOUNT NO: 2801 9572      Please Use Surname as Reference**

OR send a Cheque enclosed with your completed registration form to the above address before the session starting date. You can also pay in person at the reception desk.

I wish to pay by:     Cheque                       Cash                       Direct Bank Transfer

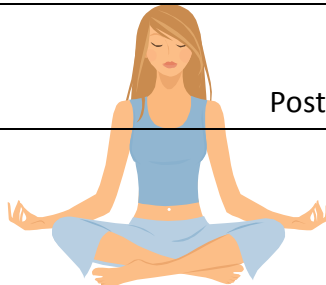
**Enrolment/ Registration form to be filled in and returned with your payment, before entry into the session is confirmed. Thank you.**

Name:

Daytime Phone:

Address:

Postcode:



# CENTRAL WEST WOMEN'S HEALTH CENTRE INC.

20 William Street, BATHURST NSW 2795

Ph. 6331 4133 Fax. 6332 4310

Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Medicare No \_\_\_\_\_

Name of Doctor & Doctor's Contact No. \_\_\_\_\_

Does the applicant suffer from Diabetes, Heart problems, Asthma, Epilepsy or other conditions we should be aware of?

Yes  No (Give details and medication if applicable) \_\_\_\_\_

Is the applicant pregnant?  Yes  No (If yes, state how many months) \_\_\_\_\_

Does the applicant have any other disabilities that might limit full participation in activities?

Yes  No (If yes, give details) \_\_\_\_\_

In the case of an accident, please give the name of a relative or friend who may be contacted:

\_\_\_\_\_ Phone \_\_\_\_\_

## Medical Disclaimer

There are some people who have medical or other conditions that would not make yoga a good option for exercise. It is strongly recommended by the Central West Women's Health Centre Inc. That you discuss with your qualified healthcare provider or doctor of your interest in doing yoga and whether it would be a good health care choice for you. We recommend you do this before embarking on any new treatment, medication, and diet or fitness program. The Central West Women's Health Centre Inc. accepts no liability for any injuries sustained by clients due to doing Yoga who have not discussed their suitability for it with their doctor or qualified healthcare practitioner.

## Medical Authority

I authorise any staff of the Central West Women's Health Centre, in the event of an accident or illness, to obtain such urgent medical assistance or first aid for myself or any or my children who may be with me, and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event agree to pay the said centre on demand, all such fees (other than fees and expenses recoverable by the said centre under any policy of insurance).

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

***Any changes in the applicant's health should be immediately notified to the Central West Women's Health Centre so that the appropriate care may be taken.***