

# Sira's Yoga Centre

First Floor, Sira Cash and Carry, Amrit House, Springfield Road, Hayes UB4 0JT

## ANNUAL MEMBERSHIP RENEWAL FORM

Please fill in whole of this form in BLOCK capitals

### SECTION 1: YOUR DETAILS

REGISTRATION FOR THE YEAR: 2023

MEMBERSHIP NO.: \_\_\_\_\_

(Please enter your membership number)

Title: Dr / Mr / Mrs / Miss / Ms (Circle as Appropriate)      Gender: Male / Female (Circle as Appropriate)

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_      Date of Birth: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home Tel number: \_\_\_\_\_      Mobile Tel number: \_\_\_\_\_

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

Please write "NO CHANGE" where information below is same as last year

### SECTION 2: EMERGENCY CONTACTS

Next of Kin Name: \_\_\_\_\_      Relationship: \_\_\_\_\_      Next of Kin Telephone: \_\_\_\_\_

GP / Surgery Name: \_\_\_\_\_      GP Telephone No: \_\_\_\_\_

GP / Surgery Address: \_\_\_\_\_      GP Post Code: \_\_\_\_\_

If you are not registered with a GP in UK e.g. you are a temporary resident / visitor in UK, please provide Medical Insurance or Travel Insurance details: \_\_\_\_\_

### SECTION 3: YOUR HEALTH

**SAFE YOGA PRACTICE NOTICE** is displayed on the Notice Board. Please read this notice carefully and understand it before filling in the followings:.

Are you currently suffering from or have suffered from any medical condition listed in the Safe Yoga Practice Notice, if so please list it here:

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

### SECTION 4: DISCLAIMER

**(PLEASE READ THIS SECTION CAREFULLY)**

Note: 'The Volunteers' in the followings mean Management and Yoga Teachers of **Sira's Yoga Centre (SYC)**. All Yoga Teachers at **SYC** provide their services as volunteers without any financial rewards.

- 4.1 The volunteers associated with **SYC** expressly state that in general Yoga is safe and beneficial but like any other health programs it needs to be practiced judiciously, correctly and cautiously.
- 4.2 No citing by the volunteers at a yoga workshop to any health-related/medical/other information is intended to be a substitute for professional judgment of a qualified health-care provider.
- 4.3 The volunteer teachers are not subject or liable to change the structure of a yoga workshop to suit individual needs.
- 4.4 Not all presentations at a yoga workshop may be suitable for everyone. If pain is experienced at any time during the practice of Yoga, it should be stopped immediately and a qualified health care professional should be consulted. The volunteers assume no responsibility and will not be liable for any harm, injury or damage resulting from any sort, negligence or from a breach of an express or implied warranty however caused or occurring during or after participation in a Yoga workshop or while practicing anything presented therein.

- 4.5 By participating in a yoga workshop the participant, for himself/herself, his/her heirs or assignee, hereby expressly assumes all risks, full responsibility and liability for participating and practicing anything presented therein and forever waives and releases and agrees to defend, indemnify and hold the volunteers harmless from and against any and all claims or demands, liabilities and settlements (including without limitation, legal and accounting fees) on or against the volunteers for losses or damages, including, without limitation, direct, indirect, incidental, consequential or special damages, personal injury, wrongful death, resulting from or alleged to result from participating in or practicing anything that is presented in a yoga workshop.
- 4.6 The volunteer teachers, at their sole own discretion reserve the right to deny participation at any time of a yoga workshop to any entity without assigning any reason whatsoever.
- 4.7 Sira's Yoga Centre reserves the right to special programmes on any day, where additional admission charges may apply.

**Please make sure to complete Section 5 below:**

**SECTION 5: CONSENT & DECLARATION**

**(PLEASE PUT A ✓ IN EACH SECTION IF YOU AGREE )**

**Put a  
✓  
Here**

5.1	The information I have provided is true and complete to the best of my knowledge.	
5.2	I have consulted my GP for the conditions listed in Section 3 and I am ok to participate in yoga.	
5.3	I will read notices displayed and follow the rules at Sira's Yoga Centre	
5.4	I have read Section 4: Disclaimer in full and understood it. I am in full agreement with its contents	
5.5	I consent to SYC holding my data in accordance with the General Data Protection Regulations Act 2018.	
5.6	I understand that the data will be used in case of a medical emergency	
5.7	By applying for the membership, I agree to abide by the rules and regulations of Sira's Yoga Centre (SYC). I understand that SYC /volunteer teachers do not take any responsibility and will not be liable for any claims resulting from me joining the Yoga classes, other physical activities and outdoor excursions. Participating in yoga classes in entirely my risk. Not all presentations at a Yoga session may be suitable for me. If I experience pain during any of the yoga postures or breathing exercises, I must stop immediately and consult my GP before returning to yoga classes at SYC.	
5.8	I understand that current donation/membership fee is for the current calendar year between 1 <sup>st</sup> of January and 31 <sup>st</sup> December and is payable irrespective of date of my joining SYC and this fee is non-refundable. Also I understand SYC reserves the right to change this fee for any calendar year.	

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Sira's Yoga Centre management reserve the right to accept or decline the membership of SYC to anyone without assigning any reason.**

Payment by Bank Transfer only. You will be sent/given bank account details once completed form is received.

**Office use only:**

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Photo attached (Y/N) \_\_\_\_\_

Donation/Membership fee: £ \_\_\_\_\_, Payment Received: (Y/N) \_\_\_\_\_

Application Processing Date: \_\_\_\_\_ Application Processed By: \_\_\_\_\_