**Pregnancy Yoga Registration Form**

*Please complete this form so that we can attend to your personal needs before class:*

|  |
| --- |
| **Your details** |
| Full Name |  |
| Email |  |
| Occupation |  |
| Contact number |  |
| Address |  |
| Have you practised yoga before? | *Yes/ No*  |
| How did you hear about us?  | *Word of Mouth / Instagram / Facebook / Other**If other, please detail:*  |
| **Emergency contact details** |
| Name |  |
| Relationship  |  |
| Contact number  |  |
| **Midwife details** |
| Name  |  |
| Contact number |  |
| Have you informed your doctor/midwife that you are starting yoga?  | *Yes / No* |
| **General Health** | *Yes / No - If yes, please detail*  |
| Have you had any surgery in the last 24 months  |  |
| Heart Conditions  |  |
| High Blood Pressure  |  |
| Low Blood Pressure  |  |
| Anaemia |  |
| Back Pain  |  |
| Sciatica |  |
| Neck Pain  |  |
| Joint Pain  |  |
| Carpal Tunnel Syndrome |  |
| Low Lying Placenta |  |
| Pelvic Girdle Pain/SPG |  |
| Bleeding during pregnancy  |  |
| Any other prenatal difficulties or complications?  |  |
| Another medical conditions?  |  |
| **Due Date** |  |

**All students are advised to commence prenatal yoga after the 12th week of pregnancy. Please inform us if you are over 35 weeks pregnant and your baby is in breech presentation.**

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ release Soul Sanctuary Ltd. and all its teachers of all liabilities and responsibilities pertaining to Pregnancy Yoga classes. As far as I am aware, I have disclosed to Soul Sanctuary Ltd. all information regarding my health relevant to the practice of yoga during pregnancy, in the course of labour and during the four months following childbirth. I agree to inform the teacher of any changes to the above information at the beginning of any class. I take full responsibility for all applications of yoga I may practice outside Soul Sanctuary Ltd. classes during my pregnancy, in labour and after giving birth. I fully understand that the recommendations, ideas or techniques expressed and described Soul Sanctuary Ltd. classes cannot be regarded as substitutes for the advice of qualified medical practitioners.

Signed

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Full Name (block capitals)

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Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_