

POSTNATAL YOGA ENROLMENT FORM

Details on this form are entirely confidential and are for personal records

only. Class attended: Tuesday / Thursday

Name: _____ Age: _____
 Baby's Name: _____ Baby's Birth Date: _____
 Occupation: _____ Mums' DOB: _____
 Address: _____
 Tel.: Work: _____ Home: _____
 Mobile: _____
 Email: _____

Other children + ages _____

Please give details of past or present injuries or problems

Relevant labour / birth details:

How did you hear about our classes? _____

Please complete your payment details:

Amount paid in advance: £ _____ Method of payment: Cheque / Cash / Bacs
 Amount paid at class: £ _____ Method of payment: Cheque / Cash

I understand that 1 of my 4/6 sessions (dependent on block booked) may be carried over, otherwise classes must be attended consecutively and missed classes will need to be paid for. Continuing sessions may be booked at class with my teacher or online. As far as I am aware, I have disclosed to my yoga teacher all information regarding my health. 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 practise outside the Birthlight classes both now and in the future. I accept that Birthlight does not take responsibility for any applications of Yoga practices described or shown in books and videos. I fully understand that the recommendations, ideas and techniques expressed and described in Birthlight classes, as well as in books and videos endorsed by Birthlight, cannot be regarded as a substitute for the advice of qualified medical practitioners. Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Signed: _____ Date: _____