

PREGNANCY YOGA ENROLMENT FORM

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

Class attended

(Day & Location): _____ Teacher: _____

Name: _____ Age: _____

Occupation: _____ Due Date: _____

Address: _____

Tel.: work: _____ Home: _____

mobile: _____

Email: _____

Midwife: _____ Doctors surgery: _____

Planned Place of Birth: _____ (home, birthing centre, hospital, other)

Other children + ages _____

Any past or present injuries or specific problems during this pregnancy?

Any relevant details of previous pregnancies or births?

How did you hear about our classes? _____

Please complete your payment details:

Amount paid in advance: £ _____ Method of payment: Cheque / Cash / Paypal / Bacs / Package

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

Classes within the six week block are to be attended consecutively. Continuing sessions may be booked at class with my teacher or online. For the last few weeks of pregnancy sessions may be paid on a weekly basis.



As far as I am aware, I have disclosed to my yoga teacher 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 practise outside the Birthlight classes during my pregnancy, in labour and after giving birth.

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 or techniques expressed and described in Birthlight yoga classes as well as in books and videos endorsed by Birthlight cannot be regarded as substitutes 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: _____