

Yoga for Pregnancy Registration Form

Please complete this form and bring it to your first session.

Amal's Yoga Studio

Barry Lane, Phoenix

Mauritius

All information is kept strictly confidential.



Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Date of Birth: _____

Due date & planned place of birth: _____

GP/Midwifery Practice: _____

Have you practiced Yoga before? Please give details of how long, what style of Yoga etc.

Why have you come to learn yoga, and what do you hope to gain from it?

During this pregnancy, have you experienced any of the following? Please circle those conditions which have affected you.

Morning Sickness	Headaches	Symphysis Pubis dysfunction
Constipation	Heartburn	Breathlessness
Nose bleeds	Anemia	Dizziness
Lower back pain	Sciatica	Aching groins
Varicose veins	Oedema (swollen joints)	Sleep disturbances
High blood pressure	Pre-eclampsia	Depression
Low blood pressure	Hemorrhoids	Anxiety
Bleeding	Pain from fibroids	Diabetes

Please give details of any of the above which you have circled, *or any other health issues*, which you feel may have some bearing on your yoga practice. Please use page overleaf if you need to.

Prior to this pregnancy, have you suffered any injury or undergone any surgery (e.g., caesarean section, knee surgery) that may have some bearing on your yoga practice? If so, please state details.

Previous pregnancies? _____



Previous miscarriages? _____

Previous births? Please give ages of children. _____

Do you smoke? _____ How many per day? _____ Drink alcohol? _____ How much? _____

Are you taking any medication that may have some bearing on your yoga practice? If so, please state details.

How did you hear about these Yoga Pregnancy classes? _____

Contact in case of emergency (name & contact number): _____

Disclaimer / Waiver:

If at any time during the class you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in Yoga that you listen to your body and respect its limits on any given day. I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious injury or illness before every yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the teacher, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Payment Terms: Payment is due by the first day of the month. The signatory understands that the payment is non-refundable in case of cancellation or absence.

Your Signature: _____

Date: _____