

# Prenatal Yoga Registration Form

The information collected on this registration form will only be used for the purposes of this initial interview and general class recommendations. Studio staff, instructors, substitutes, and program affiliates will not be responsible for knowing or using this information collected on this student registration form. It is the student's responsibility to keep the yoga instructor or sub informed of any physical or pregnancy related issues.

First and Last Name \_\_\_\_\_ Baby Due Date \_\_\_\_\_

Day Phone \_\_\_\_\_ Age \_\_\_\_\_ Current Week of Pregnancy \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician/Midwife \_\_\_\_\_ Birth Place \_\_\_\_\_ Phys. Phone \_\_\_\_\_

# of previous pregnancies \_\_\_\_\_ # of vaginal births \_\_\_\_\_ # of cesarean births \_\_\_\_\_ # of miscarriages \_\_\_\_\_

Ages of children \_\_\_\_\_ Any complications with previous pregnancy? \_\_\_\_\_

Have you provided us with a "Health Care Provider Release Form"? \_\_\_\_\_

Please let us know anything physical that is going on for you. (Including pre-existing injuries and illnesses)

\_\_\_\_\_

Is there anything we need to know about your pregnancy? Have you had any complications or problems?

Have you done yoga before? \_\_\_\_\_ For how long? \_\_\_\_\_ Which style/type (if known)? \_\_\_\_\_

What other exercise are you doing in pregnancy, and how often? \_\_\_\_\_

What would you like to receive from your yoga practice? \_\_\_\_\_

Do any of the following conditions apply to you? (circle all that apply)

- |                           |                           |                                             |
|---------------------------|---------------------------|---------------------------------------------|
| ›Anemia                   | ›Elevated Blood Pressure  | ›Vaginal bleeding during pregnancy          |
| ›Joint Problems           | ›Placenta Previa          | ›Carrying Twins or Multiples                |
| ›Varicose Veins           | ›Hemorrhoids              | ›Diabetes or Gestational Diabetes           |
| ›Previous Premature Labor | ›Incompetent Cervix       | ›History of Depression or PPD               |
| ›Abdominal Weakness       | ›Low back or sciatic pain | ›Limb numbness upon waking or carpal tunnel |

## AGREEMENT OF RELEASE and WAIVER OF LIABILITY

Please read carefully before signing.

As a student of this prenatal yoga class:

1. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold my yoga instructor to any higher standard of care than that applicable to a school of yoga theory and exercises.
2. I will give my highest attention to the well being of myself, and my unborn child.
3. I will work with patience and an open mind in the self-discovery process.
4. I understand that there is a risk of injury associated with yoga as with any physical activity in pregnancy.
5. I understand that If I move with care, intelligence, courage, applied safety and self-awareness, then injury is unlikely. Should injury occur or complications arise, \_\_\_\_\_, classroom facility, all teachers, substitutes, employees, and affiliates (including N2Yoga LLC) are absolved of all responsibility.
6. I am fully responsible for the outcome of my yoga practice and participation in this class.
7. I understand that I should report any problems with my pregnancy to my physician/midwife.
8. I will keep my yoga teacher informed with any changes in my pregnancy or physical health.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND FULLY AGREE WITH IT AND UNDERSTAND IT, AND I SIGN THE SAME AS MY OWN FREE ACT.

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

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

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