



**Mom and Baby Yoga Registration Form**

Today's Date: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No. \_\_\_\_\_

How did you hear about our Mom and Baby Yoga Program? \_\_\_\_\_

Baby's Name(s): \_\_\_\_\_ Baby's Birthday: \_\_\_\_\_

Names / Ages of your other children: \_\_\_\_\_

At what week gestation was your baby born? \_\_\_\_\_ Was your baby born via:  Vaginal birth  Cesarean birth

How would you describe your birth? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please mark all that currently apply:

- Unexplained bleeding (following the cease of lochia)
- Diastasis Recti (abdominal separation)
- Blood clots
- Unexplained faintness/dizziness
- Pelvic pain
- Postpartum depression
- Back pain
- Anything else I should know: \_\_\_\_\_

How would you describe your postpartum recovery? List any medical problems not covered above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been cleared by your healthcare provider to return to physical activity?  Yes  No

Current Level of Activity:  Sedentary  Light  Medium  Heavy

# earthside

prenatal yoga

Did your child encounter any medical problems during your pregnancy or since birth?  Yes  No If yes, please explain:

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Have you done yoga before?  Yes  No If yes, number of years: \_\_\_\_\_ If yes, please describe your experience: \_\_\_\_\_

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Do you have any physical limitations or chronic pain that I should know about? \_\_\_\_\_

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Are you experiencing any stress or tension in the body that you would like to relieve with your yoga practice? \_\_\_\_\_

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Do you, or have you ever meditated?  Yes  No If yes, please describe your experience: \_\_\_\_\_

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As a student of this Mom and Baby Yoga class:

- I am fully responsible for the outcome of my yoga practice and participation in this class.
- I understand that there is a risk of injury associated with yoga as with any physical activity in pregnancy. To reduce risk of injury, consult your doctor before beginning this program.
- I understand that Earthside Prenatal Yoga and Lori Krajenke can not make a determination about the safety of a yoga class for each individual woman and her child. Only my doctor / midwife can only make such a determination.
- I understand that if I move with care, intelligence, safety and self-awareness, injury is unlikely. Should injury occur or complications arise, Earthside Prenatal Yoga, all teachers, substitutes, employees, and affiliates are absolved of all responsibility.
- I will keep my yoga teacher informed with any changes in my physical health or that of my baby.
- I am having a healthy postpartum recovery. I am under a physician's or midwife's care and have his or her consent to participate in this yoga program.

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

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

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

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