

earthside

prenatal yoga

Prenatal Yoga Registration Form

Today's Date: _____

Student Name: _____ 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 Prenatal Yoga Program? _____

Current Week of Pregnancy: _____ Expected Due Date: _____

Number of Pregnancies (incl. current): _____ Number of Vaginal Births: _____ Number of C – Section: _____ Number of Miscarriages: _____

Names / Ages of Children: _____

Marital Status: Single Live w/ partner Married Separated Divorced Widow

Doctor / Midwife Name: _____ Anticipated Place of birth: _____

Current Level of Activity: Sedentary Light Medium Heavy

Have you done yoga before? _____ If yes, number of years: _____ If yes, please describe your experience: _____

Why do you want to take Prenatal Yoga and what do you hope to gain from the practice? _____

Do you have any high risk factors associated with this pregnancy? _____

earthside

prenatal yoga

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

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

Do you, or have you ever meditated? _____ If yes, please describe your experience: _____

Do you have any issues, fears or phobias associated with this pregnancy or birth in general? _____

As a student of this prenatal 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 prenatal yoga class for each individual woman and her unborn 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 understand that I should report any problems with my pregnancy to my physician/midwife.
- I will keep my yoga teacher informed with any changes in my pregnancy or physical health.
- I am having a healthy pregnancy. I am under a physician's or midwife's care and have his or her consent to participate in this prenatal 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: _____