



Prenatal Yoga Registration Information & Release Form

Welcome to Living Yoga & Health. Please fill out this form completely and inform us of any changes. Please print clearly. **ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.**

NAME:

(Last Name) (First Name) (Middle Initial)

PHONE (H): _____ (W): _____ (Cell): _____

E-MAIL: _____@_____

Please indicate by checking this box that you agree to receive information electronically from Living Yoga & Health via your email address? You can withdraw your consent at any time by notifying us.

OCCUPATION: _____ EMERGENCY CONTACT: _____

PHONE: _____

How did you find out about these Yoga classes?

Have you ever participated in Yoga classes in the past? YES NO

If Yes, how long ago and what style of Yoga were you practicing?

Name of Doctor/Midwife & phone number:

Has your Doctor advised you **not** to exercise? YES NO Are you exercising now? YES NO

If Yes, what type of exercise? _____ Estimated Due Date: _____

Is this your first baby? YES NO Have you had any complications with this pregnancy? YES NO

If Yes, please explain

Please note any physical limitations that your instructor should be aware of: (e.g.) High/low blood pressure, diabetes, asthma, arthritis, epilepsy, eye problems, osteoporosis, recent surgery, fatigue/sleep disorder, digestive problems, colitis, diarrhea, hearing or ear problems, other:

Do you experience numbness and or pain in: neck, shoulders, elbows, hands, wrists, hips, back (upper/lower). knees, ankles, feet, other? Please describe:

NOTE: Any program of physical activity will involve a certain amount of strenuous exercises. For this reason, it is suggested that registrants with any concerns check with their Doctor before beginning a Yoga program.

RELEASE AND WAIVER

I understand that the above information, to the best of my knowledge, is correct. I further understand that I should use caution and only practice to my own comfort level. I will discontinue any exercise that causes pain or discomfort. I will advise my instructor if my health status changes throughout the pregnancy. My Doctor is aware that I am participating in a Yoga program. I hereby assume all risk of injury or damage to my property during the program of physical activity, or incidental thereto, howsoever and wheresoever occurring, and I hereby release Living Yoga & Health and all affiliates from any and all claims and demands or liabilities for any injury to my person or to my property in any way arising out of or incidental to my participation in, or presence during, said physical activity course. I have read the Policies of Living Yoga & Health as outlined and agree to abide by them.

SIGNATURE: _____ DATE: _____
(month/day/year)
