| **POSTNATAL YOGA REGISTRATION (Fri 10am-11.30am)** |
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| **Confidential** – Details on this form is for my own records and will enable me to help you. Please leave blank any questions that you prefer not to answer. |
| Contact information |
| **Name:** |
| **Baby’s name:** | **Baby’s date of birth:** |
| **Address:** |
| **City:** | **County** | **Postcode:** |
| **New to yoga?** | **Tel:** |
| **Email:** |
| Personal information |
| **1st/2nd/3rd Baby?** | **Ages of other children:** |
| **How was the birth?** |
| **How is your general health?** |
| **Any problems in this pregnancy?** (e.g. haemorrhoids, varicose veins, back pain, sickness, depression etc.) |
| **Any problems postnatally?** |
| **Any past or current injuries?** |
| **Any other problems at this time?** (e.g. personal, relationship, family – please approach me after the class if you would like help or support) |
| Reference information |
| **How did you find out about these classes?** |
| Signature |
| **I agree** for my own safety and well-being to inform the teacher at the beginning of the class should any changes in the above information occur, or if any medical, physical or emotional problem arise. |
| **Signature of applicant:** | **Date:** |