| **POSTNATAL YOGA REGISTRATION (Fri 10am-11.30am)** | | | |
| --- | --- | --- | --- |
| **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:** |