

Pre-Natal Classes: Booking form

Your Details	
Full Name	
Address	
Email Address	
Mobile Number	

Course Details	
Which Course(s) are you booking for? Pls circle all that applies.	<p>6 week course. Start anytime from 13 weeks onwards. All 6 sessions need to be completed by 7 weeks from your start date.</p> <p>Pregnancy Yoga (£85/£80) Tuesday 7.15pm</p> <p>Pregnancy Pilates (£85/£80) Thursday 7pm</p> <p>YogaBalance, UNIT 1 2 Lambert Way, Finchley, N12 9EP</p> <p>Pls Note: There is NO parking on Lambert Way, use adjacent roads to park.</p>
Course Start Date:	
Course Fee	
Where did you hear about our classes?	

Medical History		
Any Aches/Pains, Special conditions/needs or concerns?		
Are you taking any medication?		
Do you have any of the following (Please Circle all that apply):	<p>Thrombosis</p> <p>Low Blood Pressure</p> <p>Heart Condition</p> <p>Chronic Bronchitis</p>	<p>High Blood Pressure</p> <p>Epilepsy</p> <p>Asthma</p> <p>Other (please state)</p>

Medical History Continue		
Other Problems (Please Circle all that apply):	Back or Joint Pain Pubic or groin pain	Pain on walking Recurrent Miscarriages
In <u>THIS</u> pregnancy, have you had any of the following (Please Circle all that apply):	Multiple Pregnancy (twins etc?) Bleeding Sensitivity to Chlorine Fear of water	Low lying Placenta Loss of Amniotic fluid Early contractions or pre-term labour
<p>If you answered YES to any of the medical history questions, you must check with your doctor before taking part.</p>		

Declaration
<ul style="list-style-type: none"> • I declare that the information I have given here is correct and as far as I am aware I can participate in Yoga therapy/classes without any adverse effects. • I understand that the teacher/therapist being aware of my health condition(s) is a requirement for practicing yoga, and that it is my responsibility to keep the teacher/therapist up-to-date on my health situation. • I understand that should I have any concerns regarding yoga practice I should consult the teacher/therapist before continuing, and my G.P. if required. • I understand that my body is my responsibility, and that should I be uncomfortable or in pain during an exercise I need to talk the teacher/therapist at the time so that suitable variations can be provided. I am aware that posture adjustments are sometimes made verbally or with a light touch. • I understand that this form is strictly confidential, and is solely for the use of the class teacher/therapist to help provide a safe environment within classes/sessions. • I understand that YogaBalance will not be at liberty to refund money or defer your class.

Signed _____ Dated ____/____/____