



Pregnancy Yoga - Health Form

Monday 7.30pm – 9.00pm

FOR YOUR SAFETY please answer all the following questions and read the EXERCISE ADVICE below.

Have you ever had any injury, illness, back or joint condition that may be aggravated by vigorous exercise?	YES/NO
Have you ever had arthritis, asthma, epilepsy, hernia, dizziness, gout, circulation problems, varicose veins, or an ulcer?	YES/NO
Do you suffer from migraine/headaches or stomach pains?	YES/NO
Have you ever had a heart condition, high or low blood pressure, rheumatic fever, stroke, high cholesterol, diabetes, palpitations, murmurs or pains in the chest?	YES/NO
Have you had a serious operation within the last 12 months, or a minor operation within the last 6 months?	YES/NO
Are you taking any prescribed medication?	YES/NO
Do you have any other condition that might be reason to modify your exercise programmes such as serious eye conditions eg glaucoma and detached retina?	YES/NO

If you have said **YES** to **ANY** of the above, or you need to make your me aware of any other conditions that may be made worse by any form of exercise, please give brief details in order that your training programme can be adapted to your personal needs. (Continue overleaf if necessary)

- I will endeavor to ensure that you are not exposed to unnecessary risk during this course, but the responsibility for participating in any exercise or individual activity rests with you. It is important that you inform me of any relevant medical condition you have. Before starting any exercise programme it is vital you discuss any medical concerns with your GP/Midwife and confirm with them that your chosen exercise course is safe for you. If any problems arise during the course please seek medical advice and inform me.
- As far as I am aware, I have disclosed to my yoga teacher all information regarding my health relevant to the practice of yoga during pregnancy, in the course of labour and during the four months following childbirth.
- I take full responsibility for all applications of yoga I may practice outside the Birthlight classes during my pregnancy, in labour and after giving birth. I accept that Birthlight does not take responsibility for any applications of yoga practice described or shown in book or DVD's
- I fully understand that the recommendations, ideas or techniques expressed and described in Birthlight yoga classes as well as in books and DVDs endorsed by Birthlight cannot be regarded as substitutes for the advice of qualified medical practitioners.
- Any uses to which the recommendations, ideas and techniques are put at my sole discretion and risk.

Please sign below to confirm that you have read and understood the above statement and accept responsibility for your medical welfare whilst attending exercise classes. Please note that when signing this form you are also agreeing to the Terms and Conditions of the class. Please see below.

Print Name:

Signed: Date:

Contact Details

Address :.....
.....

Post Code :.....

Phone Number :.....

E-mail Address :.....

Emergency Contact Number :.....

Terms and Conditions

I offer a **free** taster session and then require all students to pay for half a term in advance. The cost will vary depending on the number of sessions per half term. Once the fees have paid, I am unable to offer a refund or to carry fees over to the following term, or transfer fees to the postnatal class. If I have to cancel the class, then I will offer an additional class/classes free of charge.