

BIRTHLIGHT PREGNANCY YOGA ENROLMENT FORM
All information provided is treated confidentially

Today's date _____ No. of weeks pregnant _____

Name: _____

Street: _____

Town: _____ County: _____

Postcode: _____ Your Date of Birth: _____

Due Date: _____ Occupation: _____

Home Tel.: _____

Work Tel: _____

Mobile: _____

Home Email: _____

Work Email: _____

Planned Place of Birth: (home, birthing centre, hospital, other) _____

Class is held on alternate FRIDAY NIGHTS 7.30-9.00pm (arrival from 7.15pm). Please see class timetable for exact dates and be sure you can attend before accepting a place.

Have you practiced yoga before? If yes, for how long and what type of yoga?

What is your main reason for wanting to do yoga in pregnancy?

Do you have other children? If so, how many and how old are they?

Please give me a little information about how you are feeling at the moment, whether the pregnancy has been normal so far, whether it is IVF and whether there have been any problems with past pregnancies including any miscarriages. If you do have a concern about your health, it is important that you talk to your midwife or G.P. before joining the class.

How and where did you hear about this class? If it was from your midwife, please give her name and the name of the surgery. If it was a website, please specify which one.

During this pregnancy, have you experienced any of the following? Please tick all that apply

Headaches Constipation Lower back pain Heartburn Nosebleeds Sciatica

Breathlessness Bleeding Pelvic Girdle Pain Dizziness Varicose veins Pain from fibroids

Morning sickness High blood pressure Diabetes Pre-eclampsia Anxiety Sleep disturbance

Anaemia Oedema (swellings) Depression

Have you had chicken pox? Yes No

(I ask as on occasion pregnant women attending class may have a child who has the virus; this may pose a risk to babies of mothers who have never had the virus. If this were the case I would ask the woman in contact with the virus NOT to attend class that week).

Please give details of any of the above or anything else that you feel may be relevant (e.g. asthma, bereavement etc.)

DISCLAIMER & PHOTOGRAPHY RELEASE

The decision to perform any form of exercise remains the individual's and the teacher cannot accept any responsibility for problems during or outside a class. If you are in doubt as to you or your baby's fitness, consult a GP beforehand. I understand that I participate in all yoga classes at my own risk and that any loss, damage or injury or other mishap will not be the responsibility of the teacher's. I will inform my yoga teacher of any medical changes. I confirm that I am 14 weeks or more pregnant before the start of the course.

My participation in classes with Inner Peace Hatha Yoga is voluntary. I have fully disclosed any current injuries or physical limitations. I will be mindful of those limitations while attempting any postures or practices offered during class and assume the risk of any injury resulting from my participation in the classes. I take full responsibility for my own abilities and limitations and I will advise my yoga teacher in the event of any changes to my health.

*Please include accurate contact details so that you can be contacted in the unlikely event of a late cancellation of class i.e. due to severe bad weather. In this event, a substitute date or a refund would be offered. If in doubt please check my website or Facebook (Leigh McLellan) page for the latest updates.

Occasionally Inner Peace Hatha Yoga takes photos or videos in class for use on social media to promote yoga and to give others a clearer idea about what goes on in yoga classes.

Signing below confirms my agreement to take photographs and videos in class and to authorise use and publish the same in print and/or electronically. I hereby waive the right to receive any payment for use of photographs or videos in print or electronically. (If Inner Peace Hatha Yoga uses any photos or videos which I am not happy with, I can simply ask and they will be removed.

I have read the information sheet. I understand there are no refunds or substitutions for missed classes.

Signed: _____ Date: _____

Thank you for filling in this form.

Cost works out at £10 per class, block booking. Advanced booking essential. If your due date falls within the next block of classes you can book individual classes at £13/class, pre-paid (space permitting-check first.) **Please send the completed form, along with payment to secure your place. Preferred payment method is via BACS electronic transfer, however I also accept cash or cheques (can be posted via my letterbox if you are passing).** I aim to send acknowledgements of payments received, via email, within a few days of receipt.

BACS TRANSFER:

Account number 43004733

Sort Code 54-41-00

Leigh McLellan 35 New Street Rugby, CV22 7BE

Cheques payable to L. McLellan

THANK YOU.

I Look forward to seeing you in class.

Yours in yoga,

Leigh

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innerpeaceyoga@hotmail.co.uk Mobile 0794 127 9343

[Leigh McLellan on Facebook](#)

[Inner Peace Hatha Yoga with Leigh McLellan on YouTube](#)

BIRTHLIGHT - for the greater enjoyment of pregnancy, birth and babies
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