

Prenatal Yoga Registration Form

DHARMA STUDIO



The information collected on this registration form will only be used for the purposes of this initial interview and general class recommendations. Studio staff, instructors, substitutes, and program affiliates will not be responsible for knowing or using this information collected on this student registration form.

It is the student's responsibility to keep the yoga instructor or sub informed of any physical or pregnancy-related issues.

Personal Information:

Name _____ Age _____ Date _____
Home Address _____
Baby Due Date _____ Current Week of Pregnancy _____
Phone _____ e-mail _____
Occupation _____

Emergency contact:

Name _____ Phone _____ Relationship _____
Physician/Midwife _____ Baby's Birth Place _____
Physician's Phone _____

History:

of previous pregnancies _____ # of vaginal births _____ # of cesarean births _____
of miscarriages _____ Ages of children _____
Please list or describe any complications with previous pregnancy: _____

Have you provided us with a "Health Care Provider Release Form"? _____
Please let us know anything physical that is going on for you. (Including pre-existing injuries and illnesses) _____

Is there anything we need to know about your pregnancy? Please list or describe any problems or complications you may have had. _____

Yoga / Exercise History:

Have you done yoga before? _____ If Yes, for how long? _____
Which style/type? _____
What other exercise are you doing in pregnancy, and how often? _____

What would you like to receive from your yoga practice? _____

Do any of the following conditions apply to you?
(please circle all that apply)

- | | |
|------------------------------------|-----------------------------------|
| ▶Anemia | ▶Elevated Blood Pressure |
| ▶Vaginal bleeding during pregnancy | ▶Placenta Previa |
| ▶Joint Problems | ▶Carrying Twins or Multiples |
| ▶Varicose Veins | ▶Hemorrhoids |
| ▶Previous Premature Labor | ▶Incompetent Cervix |
| ▶History of Depression or PPD | ▶Abdominal Weakness |
| ▶Low back or sciatic pain | ▶Diabetes or Gestational Diabetes |
| ▶Limb numbness upon waking | ▶Carpal Tunnel Syndrome |

AGREEMENT OF RELEASE and WAIVER OF LIABILITY
Please read carefully before signing.

As a student of this prenatal yoga class:

1. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold my yoga instructor to any higher standard of care than that applicable to a school of yoga theory and exercises.
2. I will give my highest attention to the well being of myself, and my unborn child.
3. I will work with patience and an open mind in the self-discovery process.
4. I understand that there is a risk of injury associated with yoga as with any physical activity in pregnancy.
5. I understand that If I move with care, intelligence, courage, applied safety and self-awareness, then injury is unlikely. Should injury occur or complications arise, Dharma Yoga Studio, Inc., classroom facility, all teachers, substitutes, employees and affiliates are absolved of all responsibility.
6. I am fully responsible for the outcome of my yoga practice and my participation in this class.
7. I understand that I should report any problems with my pregnancy to my physician/midwife.
8. I will keep my yoga teacher informed with any changes in my pregnancy or physical health.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND FULLY AGREE WITH IT AND UNDERSTAND IT, AND I SIGN THE SAME AS MY OWN FREE ACT.

Printed Name: _____

Signature: _____

Date: _____