



Office Use Only: EDD: _____ ADD: _____ PPC: _____ REP: _____
Yoga is an excellent pre and postnatal activity that can help reduce common physical discomforts, alleviate stress, and prepare you for childbirth and parenting. Prenatal classes are appropriate for healthy women in all stages of pregnancy. Please obtain approval from your doctor or midwife before attending your first class. No previous yoga experience necessary.

Prenatal/Postnatal Registration Form

Please fill out this form front and back and bring with you to your first class.

First Name _____ Middle Name _____ Last Name _____ Nickname _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail Address _____ Date of Birth ____/____/____ Occupation _____

Emergency Contact _____ Relationship _____ Phone _____

PRENATAL: Estimated Due Date ____/____/____ Name of OB or Midwife: _____

POSTNATAL: Baby's Birth Date: ____/____/____ Baby's Name: _____

How did you hear about this class (check all that apply)? [] Our Website [] Hospital Brochure/Website [] Friend [] Doctor/Midwife [] Flyer/Brochure (please list location) _____ [] Other: _____

Whom may we thank for referring you to our classes? _____

My general physical health is: [] Excellent [] Very Good [] Good [] Fair [] Poor

My general level of activity is: [] Sedentary [] Somewhat Active [] Active [] Moderately Active [] Very Active

What sorts of physical exercise do you regularly engage in? (type and frequency) _____

_____ Have you practiced yoga before? [] Yes [] No If yes, for how long? _____

Are you aware of any health or risk factors that may affect your ability to do exercise? [] Yes [] No

If yes, please indicate _____

Do you have any of the following?

- [] Diabetes
[] High blood pressure
[] Cardiovascular disease
[] History of miscarriage
[] Extremely sedentary lifestyle
[] Multiple gestations (twins or more)

Are you experiencing any of the following?

- [] Leg Cramps
[] Backaches
[] Varicose Veins
[] Hemorrhoids
[] Stress-related concerns
[] Other discomforts related to pregnancy (please explain): _____

Number of previous pregnancies: _____ Number of previous births: _____ Previous Cesarean? [] Yes [] No

What do you hope to accomplish by attending this class? _____

How can we best support you in achieving your goals for this pregnancy/postnatal period? _____

Agreements & Waiver of Liability

Please read, check, and sign below:

I am or will be participating in the yoga or fitness classes, workshops and education programs offered by OmMama, LLC, during which I will receive information about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician or midwife prior to enrollment in the prenatal and postnatal classes offered by OmMama, LLC, and to receive approval prior to participation. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in these classes.

I understand that it is my continuing responsibility to inform OmMama, LLC and its instructors of any previous medical conditions, injuries, or surgeries prior to my first class and at such other times as I acquire information regarding the same.

In consideration of being permitted to participate in OmMama, LLC classes, I agree to assume full responsibility for any risks, condition, injuries, or damages, known or unknown, which I might incur or aggravate as a result of participating in OmMama, LLC programs.

In further consideration of being permitted to participate in OmMama, LLC programs, I knowingly, voluntarily, and expressly waive any claim I may have against OmMama, LLC, its owners, instructors, and employees, or the landlord or any premises at which it may operate, for injuries or damages I may sustain as a result entering or being on the premises, or participating in the programs.

I, my heirs, or legal representatives release, waive, discharge, and covenant not to sue OmMama, LLC, their owners, instructors, or employees, or the landlord or any premises at which it may operate, for any injury, condition or death which arises, is caused by, or is aggravated as a result of my my participation in the programs.

Class Policies:

I understand that missed classes must be made up within my current class package and may not be extend beyond the expiration date. Missed prenatal classes can be made in any of the prenatal classes available each week.

I understand that all fees are non-refundable. If I deliver before the end of a prenatal series, any remaining classes will be credited to the postnatal classes and must be used within **6 months** of delivery.

If I have medical problems or am put on bedrest, I agree to notify the office as soon as possible so that a hold may be placed on my remaining classes. OmMama cannot be responsible for expired classes if notification is received after the expiration date.

Signature

Print Name

Date

Last Update: 1/20/10