

# BIRTHLIGHT AQUA YOGA ENROLMENT FORM

All information provided is treated confidentially



**With Birthlight Yoga trainee:**

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Due Date: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Tel.: work: \_\_\_\_\_

home: \_\_\_\_\_

mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Headaches          | <input type="checkbox"/> Constipation        | <input type="checkbox"/> Lower back pain    |
| <input type="checkbox"/> Heartburn          | <input type="checkbox"/> Nosebleeds          | <input type="checkbox"/> Sciatica           |
| <input type="checkbox"/> Breathlessness     | <input type="checkbox"/> Bleeding            | <input type="checkbox"/> Pelvic Girdle Pain |
| <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Varicose veins      | <input type="checkbox"/> Pain from fibroids |
| <input type="checkbox"/> Morning sickness   | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sleep disturbance  |
| <input type="checkbox"/> Anaemia            | <input type="checkbox"/> Pre-eclampsia       | <input type="checkbox"/> Anxiety            |
| <input type="checkbox"/> Oedema (swellings) | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Depression         |

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

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*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 aqua yoga classes at my own risk and that any loss, damage or injury or other mishap will not be the responsibility of the teachers. I confirm that I am 14 weeks or more pregnant before the start of the course.*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_