



Fertility Yoga

First Name _____ Last Name _____ Date of birth ____/____/____
Address (if not registered on internet) _____ Postcode _____

Home Phone _____ Phone 2 _____ Email _____

What is your profession/occupation? _____ Working? part-time/full-time

How long have you been trying to conceive (relevant for preconception health student)? _____ Length of your menstrual cycle _____

Please circle if you suffer from: High blood pressure Diabetes Epilepsy/Seizures Asthma Depression/Anxiety

Any other medical problems? _____

Are you taking medication? If so, what type and what for?

Please circle if you now or have in the past been affected by: Skeletal or Muscular problems e.g. Neck or Back problems, Sciatica, Slipped or Bulging discs, etc. Pregnancy related injury to hips, pelvis, lower back, pelvic floor etc.

Gynaecological/obstetric History? (births, complications, miscarriage, terminations, operations, hemorrhoids etc.)

Do you have any social concerns at this time? i.e. marital, personal, family – please approach the teacher privately in person or by phone if you feel you would like help/support etc.

Have you done yoga before? Y / N For how long? _____ Yoga Teacher/School _____

How did you hear about yogababy? _____ About these classes? _____

Conditions of Contract

This is a contractual document. Please read it carefully before signing.

I, the undersigned, acknowledge and agree that my participation in classes will be on the following conditions:

- I have completed the above portion of this contract accurately and fully;
- I have informed the teacher, in the above portion of this contract, of all injuries and illnesses I have or have had, and all medication I am taking or have taken, and any other conditions which may affect my participation in classes;
- I will inform the teacher, prior to the commencement of class, if my circumstances change and I am suffering from any injury or illness, begin taking any medication, or any other conditions which may affect my participation in class;
- I will follow the instructions of the teacher at all times during class and that failure to do so, or to follow these conditions, may expose me to risk of injury;
- I will inform the teacher if at any stage during the class I feel unwell or in physical discomfort;
- I will inform the teacher if I am menstruating prior to the commencement of class;
- I am providing the teacher with personal (and sensitive) information (as defined in the Privacy Act 1988 (Cth)) and that this information is being used to determine the contents of classes and will be retained by the teacher indefinitely and stored in a secure manner. I may have access to this information for the purpose of updating or correcting any inaccurate material;

The classes will require strenuous physical exertion.

Signed _____ Today's Date _____