| Yoga for Pregnancy Registration Form | |
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| Name: | |
| Address: | |
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| Talanhana na | |
| Telephone no: email address: | |
| eman address. | |
| | Please go to www.pregnancyyogamanchester.co.uk and subscribe to my mailing list if you haven't done so already. Email is the easiest way for moto contact you. If you enter a work address: will you have access to it during your maternity leave? |
| Baby's due date: | daring your marer mry reaver |
| Is this your 1 st baby? | |
| Occupation: | |
| • | er of who to contact in an emergency: |
| • | |
| Have you done Yoga be If yes, for how long an | fore? d what style? (i.e. Ashtanga, Hatha etc.) |
| Do you have an existing medical condition (pre-pregnancy) that I should be aware of, in particular, epilepsy, diabetes, asthma, high/low blood pressure, arthritis or back problems? If so, please give details: | |
| Are you experiencing any complications/discomfort during this pregnancy? (e.g. symphysis pubis dysfunction, carpal tunnel syndrome, low/high blood pressure, back-ache, heartburn, varicose veins). If yes, please give details: | |
| Did you experience any pregnancies? If yes, pl | complications/discomfort during previous ease give details: |
| Is there anything else I may need to know: | |
| | |

How did you find out about the class? If poster, where did you see it?