

Pregnancy Yoga classes booking form : my little bubble

www.mylittlebubble.co.uk

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Facebook page: mylittlebubblebirth / FB group: bubblebirthmamas

Twitter: bubblebirth



Please scan form and email back:

All classes are ongoing and can be attended from 14 weeks pregnancy.
£10 per class, payable **one month in advance**. Week by week from 37 weeks.

Where did you hear about these classes?:

Your Details

Full Name:

Address:

Email:

Contact tel number/s:

Course Details - please state which course/locations you are interested in:

Haslemere - Monday evenings 8pm - 9.30pm

9a Longdene Road, Haslemere, GU27 2PG (opposite station, at 'Pilates from Within' studio
Park at Dentists over road

Farnham - Wednesday evenings 7.30pm - 9pm

St Marys Hall, St Marys Church, FRENHAM

please either circle your required location above or state here:

Your Pregnancy

Due Date:

Intended place for the birth (inc Hospital name):

OB / Midwife name:

Doula name:

GP surgery/name:

Any previous pregnancies:

What would you like to achieve by coming to Yoga?

Medical History

Any aches/pains, special conditions/needs or concerns:

Are you taking any medication?

Do you have any of the following:

Thrombosis
Low Blood Pressure
High Blood Pressure
Heart condition
Chronic Bronchitis
Epilepsy
Asthma
Other (please state)

Other problems:

Back / Joint pain
Pubic or groin pain
Pain on walking
Recurrent Miscarriages

In THIS pregnancy, have you had any of the following:

Morning Sickness
Constipation
Heartburn
Allergies
Bleeding
Low lying Placenta
Loss of Amniotic Fluid
Multiple pregnancy (twins etc)

If you answered YES to any of the medical history questions, you must check with your doctor before taking part.

DECLARATION

- I declare that the information I have given here is correct and as far as I am aware I can participate in Yoga classes without any adverse effects
- I understand that the teacher being aware of my health condition/s is a requirement for practising Yoga, and that it is my responsibility to keep the teacher up-to-date with my health situation
- I understand that my body is my responsibility, and that should I be uncomfortable or in pain during an exercise I need to talk to the teacher at the time so that suitable variations can be provided. I am aware that posture adjustments are made verbally or sometimes with light touch
- The teacher cannot be held responsible for any injury incurred during the class, or any problem arising as a result of a medical condition
- I understand that this form is strictly confidential, and is solely for the use of the class teacher to help provide a safe environment within classes
- I understand that my little bubble will not be at liberty to refund money or carry over missed classes, unless the teacher cancels a class, in which case any monies paid will be carried over into the next month/refunded
- If I cannot make it to a class I will inform the teacher with as much notice as possible, preferably 48 hours

Signed:

Date: