



Aqua Natal Yoga Booking Form

Swimmer's Name Date of Birth

Swimming Ability (please circle) Confident Tentative Non-swimmer

Preferred Day (Please Tick) Monday 6:00pm
Tuesday 1.45pm
Sunday 7:30pm
Sunday 8.15pm

when would you like to start?

Address

Post Code

Phone(home) Mobile

E-mail

Due Date

Medical Conditions of swimmer

you will also be required to fill out a more detailed medical form on arrival to Chessgrove swim.

Monday, Tuesday & Sunday for 6 week course* £60
Pay as you go per lesson £10.00

*Normal price will be £66 for 6 week course £66

Signature Date

Office use only		
Date rec'd:	Name on Cheque:	
cash/cheque:	Lesson Start Date:	
Amount :	On sage:	



Name:

Today's date:

Address:

Telephone:

E-mail:

Mobile (this is useful if a class has to be cancelled):

Date of birth:

What is your expected date of delivery?

Is this your first pregnancy? please circle Y/N

If not, how many children have you got?

Date of birth of youngest child:

How did you hear about us?

What would you like to gain from attending this class?

What is your present occupation?

Your pregnancy may be entirely without complications. However, where any do exist, it is important for the teacher to have the details. Please include information on any other previous pregnancies, if any:

Sacro iliac pain

Symphysis Pubis Dysfunction

Exhaustion

Sciatica

Back pains

Prolonged bleeding

Anaemia

Anxiety

Stiff neck/ shoulders

Piles

High blood pressure

Depression

Joint pains

Any other medical problems - please state

Are you presently on any medication (please give details)?

Have you suffered any injury or undergone any surgery that may have some bearing on your Aqua-Yoga practice?

Prior to this pregnancy, have you had any miscarriages/ still births? Please give year/s

Have you attended before, or are you now attending, any antenatal classes?

Y / N

Have you practiced yoga before?

Y / N

What forms of exercise do you take at the moment?

Is there any further information you would like to make us aware of?

Please read the following paragraph and sign below.

Thank you

"As far as I am aware, I have disclosed to my Aqua-Yoga teacher all the information regarding my health relevant to the practice of the Aqua-Yoga during Pregnancy, in the course of labour and during the four months following childbirth. I take full responsibility for all applications of Aqua-Yoga I may practise outside these classes. I fully understand that the recommendations, ideas or techniques expressed and described in Aqua-Yoga classes cannot be regarded as substitutes for the advice of qualified medical practitioners. Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk."

Signed:

Date: