



Equilibrium Centre
4 Ashwold Road
Saxonwold
Johannesburg

Full Name: _____

Home Address: _____

Email Address: _____ Telephone Number: _____

Due date: _____

Have you had any complications during your pregnancy? _____

Is there anything the instructor should know about your pregnancy or health background? Has your doctor recommended any precautions that we should be aware of? _____

Class Policies

Bookings: bookings can be made online. It is not essential to book a class and classes are not charged for if you miss a booked class.

Class packages: classes can be purchased as drop in, monthly, or 5 & 10 class packages. Packages are non-refundable*, and do not expire. If you have unused classes, they can be gifted to a friend.

“I, _____, have enrolled in a program of physical activity. I hereby affirm that I am in good physical condition. My doctor is aware that I am participating in prenatal yoga. I understand that yoga is a physical practice that requires strength and flexibility. I understand that in any physical activity, risk of serious physical injury is possible and yoga is no substitute for medical diagnosis and treatment. I am aware that by participating in yoga classes I undertake the risk and responsibility of personal injury, and I hereby release IMMA CENTRE and its instructors, from any liability now or in the future. I hereby affirm that I have read and fully understand the above. In addition, I have read and accept the class policies stated above”

Signature: _____ Date: _____

In case of an emergency please contact:

Name: _____ OB/Midwife Name: _____

Allergies or medical conditions (autoimmune or otherwise): _____

Medications you are currently taking: _____

*a refund is given in the event of miscarriage or a medical problem arising during the pregnancy