

Student Registration Form

CONFIDENTIAL

Contact details:

First name: Last name:
 Tel No: (h) (w) (m)
 Email:
 Address:
 Occupation: Birth date:/...../.....
 Due date and planned place of birth:
 Midwife practice:
 Emergency contact name: Emergency contact number:

Medical Information:

Do you have / have had any of the following. Please tick:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Back problems | <input type="checkbox"/> Digestive problems |
| <input type="checkbox"/> Menstrual disorder/pain | <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer |

Please give dates and details of any ticked boxes above

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Do you smoke?

Are you taking any medication? Please detail

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Prior to this pregnancy, have you suffered any injury or undergone any surgery(e.g. knee injury, caesarean section) that may have some bearing on your yoga practice? Please detail

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Please describe your general fitness level and any sports or activities you do

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Pregnancy details:

Is this your first child? (yes/no) If not, please give ages of children

Any previous miscarriages?

During this pregnancy, have you experienced any of the following? Please tick:

- | | | |
|--|--|---|
| <input type="checkbox"/> Morning sickness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Breathlessness |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Anaemia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Lower back pain | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Aching groins |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Oedema (swollen joints) | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> SPD |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Pain from fibroids | |

Please provide details of any of the above you've circled, and / or any other health issues you feel may impact your yoga practice

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Yoga:

Have you practised yoga before?

If yes, what style, when last and how long?

Are you currently practising yoga elsewhere? Please detail

Why would you like to learn yoga, and what do you hope to gain from the classes?

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Class Enrolment:

- I would like to enrol for a ____ (no.) week course beginning on _____ (date) at ____ (time) at Shiva Rooms, 52a Old London Road, Kingston, KT2 6QF
- I would like to enrol for **casual classes** at Shiva Rooms and will pay as I go
- I enclose the full course fee of £____ by cheque. Please make cheques payable to:
Anjana Mistri
- I have paid the full course fee of £____ by direct transfer to:
Barclays Bank, account no. 10982938, sort code 20-35-90
- I would like to be added to the Shiva Centre **mailing list** and receive information **by e-mail**

Thank you for completing this form.

Please be aware that if any complications or problems do arise during your pregnancy, it's important to let me know either by speaking to me directly or giving me a note at the beginning of each class.

As far as I am aware I have disclosed to my teacher all information regarding my health relevant to the practice of yoga during pregnancy and birth and I will keep her informed of any developments at the beginning of each class.

I fully understand that any applications of yoga I may practise or any uses to which recommendations, suggestions, ideas and techniques are put are at my sole discretion and risk and that they cannot be regarded as substitutes for the advice of qualified medical practitioners.

Signature: Date:

Please complete and return this form to:

Anjana Mistri
3 Dolphin Close
Surbiton
KT6 4DZ

If you have any queries please contact Anjana on: 07719 785 982 or email anjanamistri@gmail.com

Precautions for practising yoga during pregnancy

- Always keep the teacher informed of any new medical conditions that arise
- Prior to 14 weeks of pregnancy it's best not to practice asanas unless you are currently a dedicated practitioner of yoga. The body is fragile at this time as it prepares the womb for the baby. Deep breathing exercises and deep relaxations are best
- Best not to do inversions
- Best not to jump from pose to pose
- Poses should not be held for more than 5 breaths
- Be careful not to overstretch as ligaments and tendons are looser during pregnancy
- Do not hold your breath or practise strong breathing exercises involving the belly such as bhastrika and kapalabhati
- Be careful not to compress the belly, open legs when folding forward and avoid if it feels awkward
- Do not lie on your front
- Better not to lie on your back after 30 weeks of pregnancy, best to lie on left side with lots of cushions or props to support
- Best not to twist deeply and only twist to open side so belly is not compressed
- Never rush a practice
- Don't maintain a lift in mula bandha for more than a single breath
- Best not to practice one-legged standing balances if you're experiencing pelvic or pubic pain
- Strong back bends are not recommended. However, gentle chest-opening back bends not involving the lumbar spine can be beneficial.

Most importantly, listen to your own body and become aware of what feels comfortable and right for you!

Don't be afraid to refrain from practising any posture that does not feel good. Use as many cushions and props as are necessary to make sure you and baby are comfortable!