

PRE or POSTNATAL CLASS ENROLLMENT FORM

Name _____ Birthdate _____

Address _____

Telephone Number _____ E-mail _____

Emergency contact: _____

Due Date _____ Postpartum # of _____ weeks (If under 14 weeks PP)

1. Are you breastfeeding? Yes No
2. Is this your first baby? ____ If not, how many children do you have? _____
3. Have you had your six-week postnatal check-up? Yes No
4. Did you notify your Physician prior to beginning a fitness program? Yes No
5. Did you have any diastasis recti (separation of the abdominal muscles/Caesarian section)?
_____ How is the separation now? _____
6. Are you currently experiencing any pain in your body? If so, please specify

7. Did you have high blood pressure (Pre-Eclampsia) during pregnancy or before? _____ If
yes, is it under control now _____
8. Do you have any other medical conditions or injury I should be aware of?

General health. Please circle:

Headaches/Dizziness: Yes No

Back Ache: Yes No

Asthma/respiratory problems: Yes No

Please be aware that ligaments remain soft from 4-6 months postpartum or longer if you are breastfeeding so it is important not to over stretch. Feel free to rest at any time and take options on exercises that do not feel appropriate for you.

Agreement:

I understand that I am responsible for adjusting my fitness routine according to my limitations to ensure that no personal injury occurs. I hereby declare that I take full responsibility for myself during the classes.

I recognize that my fitness trainer is not able to provide me with advice in regard to my medical condition(s) and that the information in this fitness registration form are used as a guideline to the limitation of my ability to exercise.

I understand that I participate in physical activity/routine with the medical clearance from my Physician prior to starting.

Signature: _____

Date: _____