

## Pulling Down the Moon Prenatal Yoga Registration Form

\_\_\_\_\_  
First Name (print) Last Name Today's Date

\_\_\_\_\_  
Address City State Zip

[ \_\_\_\_\_ ] \_\_\_\_\_  
Emergency Contact Phone# Your Occupation/Employer

\_\_\_\_\_  
Email Phone# Ht Wt Sex Age Birth Date

Primary Care Physician Name and practice location \_\_\_\_\_

OB/GYN or Urologist Name and practice location \_\_\_\_\_

Reproductive Endocrinologist Name and practice location \_\_\_\_\_

How did you hear about us? (doctor, nurse, friend, website, flyer) \_\_\_\_\_

In case of a Press Event, would you be willing to share your story? Yes No

If YES, please check which of the following we could contact you about: Print Interview T.V. Radio Testimonial

"I (Print Name) \_\_\_\_\_, have enrolled in a program of physical activity, including but not limited to Yoga, Breath Work, Meditation, and other holistic healing practices offered by Pulling Down the Moon, Inc. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this mind/body exercise program. In consideration of my participation in Pulling Down the Moon's mind/body exercise program, I, (please initial) \_\_\_\_\_, for myself, my heirs, and assigns, hereby release Pulling Down the Moon, Inc. (it's employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the mind/body exercise program. I fully understand that I may injure myself as a result of my participation in Pulling Down the Moon, Inc.'s exercise programs including, but not limited to miscarriage, heart attack, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee-lower back/foot injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the mind/body exercise program.

I hereby affirm that I am exercising with my physician's approval regarding this program and have read and fully understand the above agreement.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# Yoga Rules and Policies

## Enrollment Classes (Yoga for Fertility and Yoga for Fertility Phase II)

### 1. Cancellation Fee:

- a. Full Refund can be given up to 24 hours before the first class.
- b. NO REFUND after first class or for cancellations with less than 24 hours notice.
- c. If a medical situation occurs, a full refund will be given before second class and a pro rated (per classes remaining) refund after attending 2 classes. A doctor's note will be required.

### 2. Making Up Missed Classes:

- a. If a class is missed you can make up the class in another series of the same course within 6 months. So, if you missed a class in the Yoga for Fertility course you can ONLY attend another Yoga for Fertility class for the make-up, and if you missed a Phase II you can ONLY attend a Phase II class for the make-up.
- b. For any make-up classes, the student must call and notify the center of their intent to make up a class, and the receptionist will then notify the teacher.
- c. Missed classes not made up as outlined above cannot be transferred to Prenatal Yoga classes or any other Yoga classes under any circumstances.

### 3. Other:

- a. Arrive 10-15 minutes before first class to sign in and take care of payment arrangements.
- b. No cell phones are allowed in the studio! Ringing cell phones and pagers are disruptive to the energy of the class. Please allow yourself to be "unplugged" while you are here.
- c. PDtM accepts cash, check, Visa, MasterCard, and Amex.

### 4. Paperwork and Waivers:

- a. Receptionist will send paperwork 1 or 2 days before class for Enrollment classes. Students can bring this to first class or complete it at the center before the first class begins.
- b. All payments should be collected BEFORE first class begins and processed (if CC) within the next 2 days after class.

By signing below, you confirm that you have read and fully understand the policies stated above.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Prenatal Yoga Class Questionnaire

Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

OB/Midwife: \_\_\_\_\_

Practice name: \_\_\_\_\_

How did you hear about Pulling Down the Moon?

\_\_\_\_\_

\_\_\_\_\_

In order to keep you up to date on the wonderful services Pulling Down The Moon provides for their expectant mothers we'd like to know if you would like to receive email updates? Yes No

If yes, please write your email address \_\_\_\_\_