



www.umberyoga.com

Phone: 404.890.0369

Fax: 770.805.9794

MEDICAL CONSENT FORM

I, _____, am aware that _____
(Print Caregiver's Name) (Print Participant's Name)

wishes to participate in an Umber Yoga class. I know of no reason why she should not participate.

Caregiver's Signature: _____

Date: _____

Caregiver's Phone #: _____

Please note any special restrictions here:

Please bring this completed medical consent form to your first Umber Yoga class. Only one form is necessary for the entire pregnancy, unless a change in health occurs. A new consent form is necessary for each new pregnancy and after birth of your baby to participate in post-natal classes.

You can fax or email the completed consent form to: umberyoga@yahoo.com; 770.805.9794 fax