

## PREGNANCY ACKNOWLEDGEMENT FORM

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

Membership No: \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I can only participate in the following classes and / or exercise areas whilst training at the club.

- Weights & Cardio
- Reformer
- Yoga
- Spinning® during the first trimester (Pahran only)

Initials: \_\_\_\_\_ I understand I must obtain written Medical Clearance (including details of approved classes) from my doctor before returning to Kaya Health Clubs for training

Initials: \_\_\_\_\_ I understand I am not permitted to participate in any Fitness Circuit or Barre classes

Initials: \_\_\_\_\_ I understand I am responsible for ensuring that each instructor is aware of my pregnancy at the beginning of every class I attend

I hereby acknowledge that I have read, understood and agree to all the above mentioned.

**Signed:** \_\_\_\_\_

**On behalf of**  
**Kaya Health Clubs:** \_\_\_\_\_

**Date:** \_\_\_\_\_