**Form for those who participated in a previous**

**Womb Surround Workshop**

**Date of this Workshop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Previous Workshop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Return via email to eileensendrey@mac.com

# 

Today’s Date:

Name:

Pronoun:

Birth date:

Age:

Address:

Phone:

Email:

Emergency Contact:

Profession [or past profession(s) for full time at-home parent or retirees]:

Are you currently pregnant? Yes \_\_\_\_ No \_\_\_\_ If so, when are you due?

• What aspect of your early and/or present life would you like to explore during this workshop?

• Some of the workshop techniques involve physical exertion. Do you have any medical conditions that would contraindicate involvement in such techniques? If yes, please explain.

• Do you have any area of your body that needs special consideration? If yes, please explain.

• Are you presently taking any medications or drugs? (name of medication, for what condition)

• Are you presently using any recreational drugs, alcohol or nicotine? (amount per day / week)

I agree to the following (please initial each and sign at the bottom):

**\_\_\_\_\_\_** To allow my contact information (name, address, phone number, email, and birth date) to be shared with other participants in this workshop prior to the workshop, or to send an email within two weeks of signing up for the workshop specifying what contact information I do not want shared.

**\_\_\_\_\_\_** Take responsibility for my well-being during and after the workshop.

**\_\_\_\_\_\_** Be in good physical, emotional and mental condition and able to participate in the regularly scheduled activities of the workshop.

**\_\_\_\_\_\_** Maintain confidentiality about what takes place in the workshop.

**\_\_\_\_\_\_** Attend all scheduled days, arriving on time at the beginning and after lunch breaks, and leaving at the end of the day after the workshop is complete. If flying in, I will plan to arrive at least two hours early in case of airline delays.

**\_\_\_\_\_\_** Pay all fees including cancellation fees.

**\_\_\_\_\_\_** Abstain from alcohol, recreational drugs and nicotine from the day before the workshop until the completion of the workshop including breaks and evenings.

**\_\_\_\_\_\_** Not use perfume or aromatherapy or strongly scented shampoos.

Signature:Date: