

HypnoBirthing®

the Mongan method

REGISTRATION FORM

Mother

Name : _____ Age : _____

Father

Name : _____ Age : _____

Children

How many : _____ Ages : _____

Birth Information

Name of Doctor/Midwife : _____

Where : _____

Languages spoken: English Français Other: _____

Estimated date of birth: _____

Address

Address: _____

Tel. Home : _____ Cell : _____ Office : _____

E-mail: _____

HypnoBirthing Classes

Beginning on: _____
Time: _____

group classes 595 \$ CAN

private classes 795\$ CAN

Doula services available _____

Statistics show that couples accompanied by a doula need less interventions during birth and have a better birthing experience.

Referred by : _____

Signature : _____

Please fill out this form and make cheque out to :

HypnoNaissance®
and mail to the address below :

**41 avenue Filion
St-Sauveur, Quebec
J0R 1R0
Tel: 514-592-4946 or 819-327-3772**

or send your payment via PayPal to :

**e-mail : ilona@hypnonaissance.com
Internet : www.hypnobirthingcanada.com**

ENROLLMENT AGREEMENT

The HypnoBirthing® Institute may contact you for quality assurance and research purposes. If you consent to be contacted now, please note that you are free to change your mind at any time. Be assured that we will not share your personal identifying information with anyone outside the HypnoBirthing® Institute for any purpose. Thank you for your help in collecting data to support the growth of HypnoBirthing®.

I do _____ I do not _____ agree to be contacted by the HypnoBirthing® Institute.

I hereby state that I am enrolling in the **HypnoBirthing®** class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and my body into a state of relaxation. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription for medical procedure. I am aware that I should seek the advice of a health-care provider to answer any health-related or pregnancy-related issues surrounding my pregnancy, my labor, or my birth.

I therefore agree that I will in no way hold the instructor of the **HypnoBirthing®** classes, or the **HypnoBirthing Institute®**, its owner, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the birth of my child; and I agree that neither I nor any member of my family will make any claim or initiate any suit against any of the above-named parties now or at any time in the future.

Mother's Signature

Date