

# PARENT REGISTRATION FORM

Natural Birth Pty Ltd

Ph: 0754 795 889 Fax: 0754 793 897 Mobile: 0419 638 769

[www.naturalbirth.com.au](http://www.naturalbirth.com.au)



"Demand the Original.....Expect the Best"

*Deborah Cuthill*

*Certified HypnoBirthing® Practitioner*

*Please enrol me/us for the next HypnoBirthing® Childbirth Education Programme.*

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

**Name:** \_\_\_\_\_ **Partner/Spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel Number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Baby Due:** \_\_\_\_\_ **Midwife:** \_\_\_\_\_

**Antenatal Clinic:** \_\_\_\_\_

**Where are you planning to have your child?** **HomeBirth** **In Hospital** **Other** €

**Doctor's Name & Surgery:** \_\_\_\_\_

**Doctor's Telephone No** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Preferred Class Dates:** \_\_\_\_\_

**Venue:** \_\_\_\_\_ **Class Time:** \_\_\_\_\_

**Fees:** \$585.00 payable in advance (cleared funds).

**Please return Registration Form to:** Natural Birth P/L, 2 Marlock Cl, Buderim QLD 4556

**Cheques made payable to:** Natural Birth Pty Ltd

**Credit card payments via Paypal to** "info@naturalbirth.com.au"

**Direct Bank Deposit to Account Name:** Natural Birth P/L,

**Bank:** Commonwealth Bank of Australia,

**BSB:** 064420 **Account Number:** 10542477.

**Class Dates:** Please Phone for dates.

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## 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 labour, 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 labour, 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.*

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Mother's Signature

Date