CAMAF
MEDICAL SCHEME
IN A CLASS OF ITS OWN

DLA GROUP (PTY)LTD

CAMAF - BOOKING FORM

PLEASE COMPLETE AND SIGN TO ACKNOWLEDGE THE FOLLOWING. TO SUBMIT YOUR COMPLETED FORM, PLEASE CLICK SUBMIT AT THE END OF THE FORM

I, _____(first name & surname), Passport/ ID number_____ hereby acknowledge that I have read and understand the **TERMS AND CONDITIONS** and **INDEMNITY** as set out hereunder prior to participating in the Classes. I also acknowledge that if I have any concerns I may email them to **deryse@dlagroup.co.za** who will address and/or provide as fair answer as possible for any concerns I may have.

I hereby confirm that I have been advised my attending healthcare provider (doctor/ midwife/ gynaecologist) that I may / may not (pls delete which is NOT applicable) participate in mild exercise or stretching.

TERMS AND CONDITIONS

I. Please ensure you have confirmation with your healthcare provider that you can perform mild exercise and stretching.

II. You are hereby notified that participating in exercise during pregnancy when a person has not engaged previously in exercise can cause onset of labour or other health complications especially if you have pre-existing pregnancy conditions for example, low lying placenta/ cerclage and many other serious pregnancy ailments.

III. You assume full responsibility for notifying the Educator of any health condition you are aware of prior to any exercise/ stretching.

IV. You will be viewing birthing videos that involve nudity – should you not want to see them, you will be advised prior to the showing and have the option of looking away.

V. You acknowledge that you will be respectful of all other participants, what they divulge/ discuss or share during class shall be considered private among the class attendees.

VI. Class is aimed to be a safe non-judgmental environment for all moms-to-be (participants) and their partners to learn as much as they can for their infant's birth. All questions are always welcomed by the Educators and any persons making fun, bullying or being disruptive, unruly or impolite will be removed from all classes immediately.

VII. PLEASE note, that no other persons (except your spouse/partner) may be present during the class and should you have any other persons with you (without prior approval), we reserve the right to exit you from the Class online.

VIII. You hereby agree that you will not record any slides or the class and you acknowledge it is not permitted due to other participants' Right to Privacy.

IX. The Educators will advise you when you have permission to take camera photos of certain slides. This is to protect and honour the copyright permissions that Serurubele Centre PTY Ltd and DLA Group PTY LTD holds.

X. You hereby agree that Serurubele Centre and DLA Group will record all classes for quality revision and class enhancements.

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INDEMNITY

The class content and information provides general information and we are unable to assess your personal situation, therefore, your qualified healthcare provider/s' (midwife, doctor or gynaecologist) input, treatment plan, birth recommendations and strategy for your pregnancy, birth, breastfeeding and infant care must always supercede all other. Speak directly to your healthcare provider if you have any concerns, fears or health issues. The information does not and cannot provide medical advice for any person who requires direct medical care. It should not be used as a substitute for medical care and advice of your physician/medical specialist. There may be variations on the treatment that your physician/medical specialist may recommend based on individual facts and circumstances.

Medicine is a dynamic science and should be considered accordingly. All participants must evaluate the information in these classes for their own purposes. While all possible care has been taken to ensure the accuracy of information provided in these classes, Serurubele Centre PTY Ltd, DLA GROUP Pty Ltd, CAMAF Medical Scheme, the organizers, presenters, Educators, publishers, producers, contractors and associated companies cannot accept responsibility for any loss, damage or inconvenience that may arise there from.

Signed: _____ Date: D D M M Y Y Y Y

CHILDBIRTH PREPARATION ONLINE CLASSES

We would love to know a bit more about the person attending. Kindly fill out the following:

First name: Surname:

Cell no.: Medical aid no:

Beneficiary Code:

How many weeks pregnant?

Email address:

CLASS DATES - AS PER THE CALENDAR

Please indicate which class dates you wish to attend - classes **cannot** be split over various months.

View schedule (see Class Booking)

CLASS 1	CLASS 2	CLASS 3	CLASS 4

PLEASE KINDLY COMPLETE THE BELOW:

1. What are 3 or more things you wish to learn in classes?

2. What type of birth are you planning, e.g. C-Section/ Natural?

3. Do you have any other children? If so, how many and what type of birth did you have?

Submit