



2009-2010 Healer Training, Level I Registration Forms

Please:

- ✓ Fill out and sign all forms.
- ✓ Keep copies of all forms for your personal records.
- ✓ Return original forms with payment by March 6, 2009 to:

The Awareness Center

2801 E. Foothill Blvd.

Pasadena, CA 91107

- ✓ Set up an interview with Wahe Guru

If you have questions please contact:

Ravijot Kaur

626.796.1567 ravijot@awarenesscenteryoga.org

www.awarenesscenteryoga.org



**2009-2010
Healer Training, Level I
Payment Form**

Name: _____

Spiritual Name: _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Home # _____ Work # _____

Cell # _____

Email Address: _____

Referred by: _____

PAYMENT OPTIONS

- Early Registration Discount, Pay in full by February 20th: \$1600**
\$400.00 non-refundable deposit included.
- Pay in full by March 27th: \$1800**
\$400.00 non-refundable deposit due by March 6th, 2009.
Balance of \$1400.00 due on/before March 27th, 2009.
- Payment Plan 1: \$2000.**
\$600.00 non-refundable deposit due by March 6th, 2009.
Balance of \$1400.00 in 5 monthly payments of \$280 due on: April 24, May 29, June 26, July 31 & Aug 28, 2009.
- Payment Plan 2: \$2300**
\$800.00 non-refundable deposit due by March 6th, 2009.
Balance of \$1500 in 10 monthly payments of \$150 due on: April 24, May 29, June 26, July 31, Aug 28, Sep 25,
Oct 30, Nov 27, Dec 18, 2009 & Jan 29, 2010.

Payment type: Cash/Money Order Check Credit Card

**TO PAY BY CREDIT CARD PLEASE CALL THE AWARENESS CENTER
TO ARRANGE PAYMENT WITH RAVIJOT KAUR**



**2009-2010
Healer Training, Level I
Payment Form**

**TERMS AND CONDITIONS BETWEEN PARTICIPANTS
AND THE AWARENESS CENTER**

PAYMENT METHODS

Payable by cash, check, money order, or credit card (Visa, Master Card or Discover).

PAYMENT DATES

Payment Plan 1- April 24, May 29, June 26, July 31 & Aug 28, 2009.

Payment Plan 2- April 24, May 29, June 26, July 31, Aug 28, Sep 25, Oct 30, Nov 27, Dec 18, 2009 & Jan 29, 2010.

CANCELLATIONS/WITHDRAWALS

- To withdraw from the course before it begins we must receive your request in writing before March 20, 2009. You will be eligible for a refund minus the non-refundable deposit.
- To withdraw from the course after it begins we must receive your request in writing before April 17, 2009. Once the course begins you will be eligible for a refund minus the non-refundable deposit.
- No refunds will be granted for requests received after April 17, 2009.

AGREEMENT

By agreeing to these terms, I agree to pay fully for the course according to the payment plan selected. If I miss a session of the course I am still responsible for all installments. If I miss a payment, I will not be allowed to participate in the following weekend until the payment has been made.

I agree to the above terms and conditions for registration and participation in The Awareness Center Healer Training Program. I understand that details of date, time and location are subject to change.

Signature: _____ Date: _____

Print Name: _____



**2009-2010
Healer Training, Level I
Setting Your Intentions**

Name: _____

Please set your intentions for personal transformation.

Spiritual:

Mental / Emotional:

Health / Fitness:

Material/Financial:



**2009-2010
Healer Training, Level I
Emergency Contact Information**

Name of Trainee: _____

Name of Emergency Contact 1: _____

Relationship to Trainee: _____ Home # _____

Cell # _____

Name of Emergency Contact 2: _____

Relationship to Trainee: _____ Home # _____

Cell # _____

Nearest Relative: _____

Relationship to Trainee: _____ Home # _____

Cell # _____

Address: _____

City: _____ State: _____ Zip: _____



**2009-2010
Healer Training, Level I
Health History Form**

Name _____

In order to provide a safe and effective program it is important that you complete the following Health History. It is crucial that you answer all the questions honestly and to the best of your ability. Please be advised that all the information is kept strictly confidential.

Circle the appropriate response. Read all questions thoroughly.

- | | | |
|---|-----|----|
| 1. Has your doctor ever told you that you have heart problems? | YES | NO |
| 2. Has your doctor ever told you that you have high blood pressure? | YES | NO |
| 3. Have you ever had a stroke or heart attack? | YES | NO |
| 4. Have you ever had pain in your chest? | YES | NO |
| 5. Do you ever feel faint or have dizzy spells? | YES | NO |
| 6. Have you had surgery in the last six months? | YES | NO |

If yes, please explain _____

Circle the appropriate conditions

| | | | |
|-----------|----------|------------------|----------|
| DIABETES | EPILEPSY | BLOOD PRESSURE | ASTHMA |
| ARTHRITIS | HEART | HIGH CHOLESTEROL | SEIZURES |

Have you injured or have pain in the following areas? Circle the appropriate areas.

| | | | |
|-------|------------|-----------|--------|
| NECK | UPPER BACK | SHOULDERS | ELBOWS |
| KNEES | LOWER BACK | HIPS | WRISTS |

If yes, please explain _____

Health History Continued

Are you currently taking any medications? YES NO

If you circled "yes" please list medications, and for what condition.

1. _____

2. _____

3. _____

Are you currently undergoing treatment from any of the following?

Physiotherapist _____ Chiropractor _____ Massage Therapist _____ M.D. _____

Psychotherapist _____ Counselor _____

If yes, why? _____

What is your current exercise level?

None _____ Once per week _____ 2-3 times per week _____ 4-5 times per week _____

What type of exercise? _____

How would you rate your level of stress on a daily basis?

Low _____ Moderate _____ High _____

Estimate how many hours of sleep you get each night. _____

Are there any other reasons/conditions that may affect or limit your participation in the program?

You are encouraged to abstain from alcohol, tobacco and drug use during the program.

Signature _____ Date _____



**2009-2010
Healer Training, Level I
Application Essay**

Please answer the following questions in a one to two page essay.

1. Why do you want to participate in Healer Training? Do you want to be a healer?

2. What are your healing skills?

3. What are your strengths and weaknesses?

4. What do you think you will bring to the program?