



**2009-2010  
Reiki Training: Levels 1, 2, 3A, 3B  
Registration Forms**

**Please:**

Fill out and sign all forms.

Keep copies of all forms for your personal records.

Return original forms with payment, three weeks prior to training date, to:

**The Awareness Center  
2801 E. Foothill Blvd.  
Pasadena, CA 91107**

**If you have questions please contact:**

**Ravijot Kaur**

**626.796.1567 [ravijot@awarenesscenteryoga.org](mailto:ravijot@awarenesscenteryoga.org)**

**[www.awarenesscenteryoga.org](http://www.awarenesscenteryoga.org)**



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Payment Form**

Name: \_\_\_\_\_

Spiritual Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

**PAYMENT OPTIONS**

- Reiki Level 1: \$190.00 pre-registered by 8/12/09, \$240.00 thereafter**  
\$25.00 non-refundable deposit included.
- Reiki Level 2: \$350.00**  
\$50.00 non-refundable deposit included.
- Reiki Level 3A: \$580.00**  
\$100.00 non-refundable deposit included.
- Reiki Level 3B: \$200.00**  
\$25.00 non-refundable deposit included.

**SPECIAL PACKAGE OPTIONS:**

- Special Package 1 - Levels 1 & 2 purchased together: \$475.00 (savings of \$115.00)**  
\$100.00 non-refundable deposit included.
- Special Package 2 – Levels 2 & 3A purchased together: \$830.00 (savings of \$100.00)**  
\$100.00 non-refundable deposit included.

Payment type:       Cash/Money Order                       Check                       Credit Card

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



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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) .

**CANCELLATIONS/WITHDRAWALS**

- To withdraw from the training before it begins we must receive your request in writing one week prior to the first day of training. You will be eligible for a refund minus the non-refundable deposit.
- No refunds will be granted for requests received after the training begins.

**AGREEMENT**

By agreeing to these terms, I agree to pay fully for the training. If I miss a session of the training I am still responsible for payment.

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

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

Print Name: \_\_\_\_\_



**2009-2010  
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Setting Your Intentions**

Name: \_\_\_\_\_

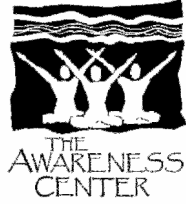
**Please set your intentions for personal transformation.**

Spiritual:

Mental / Emotional:

Health / Fitness:

Material/Financial:



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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  
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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 \_\_\_\_\_

