



2010

**Alumni Continuing Education:
Kundalini Yoga Teacher Training, Level I
Registration Forms**

**REVISED TRAINING DATES:
COURSE BEGINS JANUARY 8, 2010**

Please:

- ✓ Fill out and sign all forms.
- ✓ Keep copies of all forms for your personal records.
- ✓ Return original forms with payment by December 28, 2009 to:

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

If you have questions please contact:

Ravijot, 626.796.1567

ravijot@awarenesscenteryoga.org

www.awarenesscenteryoga.org



2010
Alumni Continuing Education:
Kundalini Yoga Teacher Training, Level I
Payment Form

Name: _____

Spiritual Name: _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Home # _____ Work # _____

Cell # _____

Email Address: _____

Referred by: _____

KRI Level 1 Certification:

Where was your training completed? _____

What date was your certification completed? _____

PAYMENT OPTIONS

- Alumni Continuing Education: \$1100**
Pay in full with cash, check or credit card by December 28, 2009.
\$400.00 non-refundable deposit.



2010
Alumni Continuing Education:
Kundalini Yoga Teacher 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 and Discover).

DEPOSIT

There is a non-refundable deposit of \$400.00 for all participants.

CANCELLATIONS/WITHDRAWALS

- To withdraw from the course before it begins we must receive your request in writing before January 8, 2010. You will be eligible for a refund minus the nonrefundable deposit of \$400.00.
- To withdraw from the course after it begins we must receive your request in writing before January 31, 2010. Once the course begins you will be eligible for a refund minus the non-refundable deposit of \$400.00 and a pro-rated amount of the course.
- No refunds will be granted for requests received after January 31, 2010.

AGREEMENT

By agreeing to these terms, the participant agrees to pay fully for the course according to the agreed terms.

I agree to the above terms and conditions for registration and participation in The Awareness Center Yoga Teachers Training Course. I understand that details in the information sheet are subject to change.

Signature: _____ Date: _____

Print Name: _____



2010
Alumni Continuing Education:
Kundalini Yoga Teacher Training, Level I
Setting Your Intentions

Name: _____

Please list/set your intentions for personal transformation .

Spiritual Growth:

Mental / Emotional

Health / Fitness



2010
Alumni Continuing Education:
Kundalini Yoga Teacher 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: _____



2010
Alumni Continuing Education:
Kundalini Yoga Teacher 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 fell faint or have dizzy spells? | YES | NO |
| 6. Have you had surgery in the last six months? | YES | NO |

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. _____

4. _____

Are you currently undergoing treatment from any of the following?

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

If yes, why? _____

What is your current exercise level?

None _____ 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 _____