



# **Teacher Training, Level 2 2016: Conscious Communication Registration Forms**

Please:

- ✓ Fill out and sign all forms.
- ✓ Keep copies of all forms for your personal records.
- ✓ Return original forms with payment by payment option deadline:

The Awareness Center  
2801 E. Foothill Blvd.  
Pasadena, CA 91107  
Attention: Ravijot

If you have questions please contact:

Ravijot, 626.796.1567  
ravijot@awarenesscenteryoga.org  
www.awarenesscenteryoga.org



**Teacher Training, Level 2  
2016: Conscious Communication  
Registration & Payment Information**

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

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

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

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

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

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

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

**Please provide the following information and signature,  
verifying that you have received your KRI Level 1 Certificate of Completion:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
*Year City & Country Signature*

**PAYMENT OPTIONS:** Please check one option

- Pay in full by August 5, 2016: \$995**  
Pay in full with cash, check or credit card by Friday August 5, 2016.  
\$300 non-refundable deposit included.
- Pay in full by October 14, 2016: \$1,095**  
Pay in full with cash, check or credit card by Friday, October 14, 2016  
\$300 non-refundable deposit due by Friday, September 30, 2016.
- Payment Plan: \$1,300**  
\$300 non-refundable deposit due by Friday, July 8, 2016.  
Balance of \$1000 paid in 5 payments of \$200.00 each, due on the Fridays of:  
August 12, September 9, October 14, November 11 & December 9



**Teacher Training, Level 2  
2016: Conscious Communication  
Auto-Payment Information**

**If you have chosen the Payment Plan and would like to arrange for auto-payments,  
please fill out the following information completely.**

Name on Credit Card: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit code \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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



**Teacher Training, Level 2  
2016: Conscious Communication  
Payment Agreement**

**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 \$300 for all participants.

**PAYMENT PLAN DATES**

\$300 non-refundable deposit due by Friday, July 8, 2016.

Balance of \$1000.00 paid in 5 payments of \$200.00 each due on the Fridays of Aug 12, Sep 9, Oct 14, Nov 11 & Dec 9, 2016

**CANCELLATIONS/WITHDRAWALS**

- To withdraw from the course before it begins, we must receive your request in writing on or before Friday, October 14, 2016. You will be eligible for a refund minus the non-refundable deposit of \$300.
- To withdraw from the course after it begins, we must receive your request in writing on or before Friday, October 28, 2016. Once the course begins you will be eligible for a refund minus the non-refundable deposit of \$300 and a pro-rated amount of the course.
- No refunds will be granted for requests received after October 28, 2016.

**AGREEMENT**

By agreeing to these terms, the participant agrees to pay fully for the course according to the agreed upon plan you have selected. If you miss a session of the course you are still responsible for all installments. If you miss a payment, you will not be allowed to participate in the following weekend until the payment has been made. **Certification will not be granted if course requirements are not completed by November 1, 2017.**

I agree to the above terms and conditions for registration and participation in The Awareness Centers Level 2 Teacher Training Course.

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

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



**Teacher Training, Level 2  
2016: Conscious Communication  
Emergency Contact Information**

Name of Trainee: \_\_\_\_\_

Name of Emergency Contact 1: \_\_\_\_\_

Relationship to Trainee: \_\_\_\_\_ Home # \_\_\_\_\_

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

Name of Emergency Contact 2 (optional): \_\_\_\_\_

Relationship to Trainee: \_\_\_\_\_ Home # \_\_\_\_\_

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

Nearest Relative: \_\_\_\_\_

Relationship to Trainee: \_\_\_\_\_ Home # \_\_\_\_\_

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

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



**Teacher Training, Level 2  
2016: Conscious Communication  
Course Affirmation & Setting Your Intentions**

**Course Affirmation**

*I have integrated conscious communication into all areas of my life. My communication uplifts others to their own consciousness. I represent my whole self directly. I speak each word consciously, understanding that it is witnessed by my own consciousness and supported by the Cosmos. I create harmonious communication even with those who oppose me. I am heard in the hearts of others as I hear and qualify my own words as I speak.*

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

Spiritual Growth:

Mental / Emotional:

Health / Fitness:

**Teacher Training, Level 2  
2016: Conscious Communication  
Health History Form**

Name of Trainee: \_\_\_\_\_

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 questions honestly and to the best of your ability. Please be advised that all the information is kept strictly confidential.

Read all questions thoroughly and circle the appropriate response..

- |   |     |    |
|---|-----|----|
| 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 that apply to your health:

DIABETES	EPIPLEPSY	BLOOD PRESSURE	ASTHMA
ARTHRITIS	HEART	HIGH CHOLESTEROL	SEIZURES

Have you injured or have pain in the following areas? If yes, 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 which condition(s):

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: \_\_\_\_\_