



# **2017**

## **Kundalini Yoga Teacher 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 payment option deadline:

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

**If you have questions please contact:**

**Ravijot, 626.796.1567**

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

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



**2017**  
**Kundalini Yoga Teacher Training, Level I**  
**Registration & Payment Information**

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

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

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_

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

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

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

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

**PAYMENT OPTIONS: Please check one option**

- Early Registration Discount on/before January 10, 2017: \$3200**  
Pay in full with cash, check or credit card on/before January 10, 2017.  
\$900.00 non-refundable deposit included.
  
- Pay in full after January 10, 2017: \$3400**  
\$900.00 non-refundable deposit paid with cash, check or credit card due by February 17, 2017.  
Balance of \$2500.00 due on/before February 24, 2017.
  
- Payment Plan: \$3700**  
\$900.00 non-refundable deposit paid with cash, check or credit card on/before January 10, 2017.  
Balance of \$2800.00 paid by credit card in **8 monthly auto-payments** of \$350.00.  
Auto-Payments processed on the **2nd Monday** of each month:  
February 13, March 13, April 10, May 8, June 12, July 10, August 14, September 11



**2017**  
**Kundalini Yoga Teacher Training, Level I**  
**Auto-Payment Information**

**If you have chosen the Payment Plan 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: \_\_\_\_\_



**2017**  
**Kundalini Yoga Teacher Training, Level I**  
**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).  
Payment plan "auto-payments" by credit card only.

**DEPOSIT**

There is a non-refundable deposit of \$900.00 for all participants.

**AUTO-PAYMENT AMOUNTS/DATES**

The Payment Plan has eight (8) auto-payments of \$350.00 each on:  
February 13, March 13, April 10, May 8, June 12, July 10, August 14, September 11

**CANCELLATIONS/WITHDRAWALS**

- To withdraw from the course before it begins we must receive your request in writing before February 24, 2017. You will be eligible for a refund minus the non-refundable deposit of \$900.00.
- To withdraw from the course after it begins we must receive your request in writing before March 10, 2017. Once the course begins you will be eligible for a refund minus the non-refundable deposit of \$900.00 and a pro-rated amount of the course.
- No refunds will be granted for requests received after March 10, 2017.

**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 any session of the course OR withdraw from the course after March 10, 2017 you are still responsible for all payment installments. If you miss an auto-payment, you will need to make-up that payment before participating in the following training weekend.

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

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

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



**2017**  
**Kundalini Yoga Teacher Training, Level I**  
**Setting Your Intentions**

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

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

Spiritual Growth:

Mental / Emotional

Health / Fitness



**2017**  
**Kundalini Yoga Teacher Training, Level I**  
**Emergency Contact Information**

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

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

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

Mobile # \_\_\_\_\_

Name of Emergency Contact 2: \_\_\_\_\_

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

Mobile # \_\_\_\_\_

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

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

Mobile # \_\_\_\_\_

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

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



**2017**  
**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 feel 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?

\_\_\_\_\_

**We encourage you abstain from alcohol, tobacco and drug use during the program.**

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