



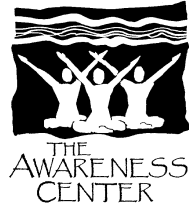
Teacher Training, Level 2 2019: Authentic Relationships Registration Forms

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: Christina**

**If you have questions please contact:
Christina/Puranshant Kaur, 626.796.1567
acstudiomanager@gmail.com**



**Teacher Training, Level 2
2019: Authentic Relationships
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 Kundalini Yoga Teacher Training Level 1 Certificate of Completion:

_____/_____/_____ / _____
Year City & Country Signature

PAYMENT OPTIONS: Please check one option

- Pay in full by August 1, 2019: \$995**
Pay in full with cash, check or credit card by August 1, 2019
\$300 non-refundable deposit included.

- Pay in full by October 4, 2019: \$1,095**
Pay in full with cash, check or credit card by October 4, 2019
\$300 non-refundable deposit included.

- Payment Plan: \$1,200**
Three payments of \$400.00 each:
Due on October 1, November 1, and December 1, 2019.
\$300 non-refundable deposit included in 1st payment by October 1. Contact Christina to schedule



**Teacher Training, Level 2
2019: Authentic Relationships
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: _____

I authorize three payments of \$400 each, from the above account to the Awareness Center, on or before October 1, November 1, and December 1, 2019.

Signature: _____

Print Name: _____



**Teacher Training, Level 2
2019: Authentic Relationships
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, or Discover).

DEPOSIT

There is a non-refundable deposit of \$300 for all participants.

PAYMENT PLAN DATES

Three payments of \$400.00 each:

Due on October 1, November 1, and December 1, 2019.

\$300 non-refundable deposit is included in 1st payment on October 1.

CANCELLATIONS/WITHDRAWALS

- To withdraw from the course before it begins, we must receive your request in writing on or before Friday, October 4, 2019. 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 19, 2019. Once the course begins, you will be eligible for a refund of the pro-rated amount of the course minus the non-refundable deposit of \$300.
- No refunds will be granted for requests received after October 19, 2019.

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 4, 2020.**

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

Signature: _____ Date: _____

Print Name: _____



**Teacher Training, Level 2
2019: Authentic Relationships
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 # _____

Street Address: _____

City: _____ State: _____ Zip: _____



**Teacher Training, Level 2
2019: Authentic Relationships
Course Affirmation & Intentions Setting**

Course Affirmation

I commit to refine my meditative capacity. I invite my mind into my conscious presence, investigate its nature, and learn to master it so that it serves my consciousness and my soul. I will follow the road map laid out by Yogi Bhanan to recognize and develop the many parts of my mind. I integrate and apply the functional minds to my daily habits and behaviors so that I develop a clear, intuitive, and effective mind. To conquer my mind is to cultivate a relationship to its actions and an awareness of its functional parts. I form a relationship to my own awareness, self, mind and Infinite being. My life blossoms with unlimited blessings.

Please list/set your intentions for personal transformation.

Spiritual Growth:

Mental / Emotional:

Health / Fitness:

**Teacher Training, Level 2
2019: Authentic Relationships
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 feel 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	EPILEPSY	BLOOD PRESSURE	ASTHMA
ARTHRITIS	HEART	HIGH CHOLESTEROL	SEIZURES

Have you injured or do you 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?

Psychotherapist _____ 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 strongly encouraged to abstain from alcohol, tobacco and drugs during the program.

Signature: _____ Date: _____

Print Name: _____