



2020 Awareness Center Kundalini Yoga Teacher Training, Level I Registration Form

Name: _____

Spiritual Name: _____ Birth Date: _____

Mobile # _____ Home # _____

Email Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Referred by: _____

PAYMENT OPTIONS: Please check one option

- Early Registration Discount by December 1, 2019: \$3395.**
Pay in full with cash, check, or credit card by December 1, 2019. \$895. non-refundable deposit included.
- Pay in full after December 1, 2019: \$3595.**
\$895. non-refundable deposit paid with cash, check or credit card by February 1, 2020.
Balance of \$2700. due February 21, 2020.
- Payment Plan: \$3895.**
\$895. non-refundable deposit paid with cash, check or credit card on/before February 1, 2020.
\$3000. balance paid by credit card in **eight monthly auto-payments** of \$375. each.
Auto-Payments are processed on the **15th** of each month:
February 15, March 15, April 15, May 15, June 15, July 15, August 15, September 15, 2020.



**2020 Awareness Center
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: _____

Office Use Only

| | | |
|-----------|-----------|--|
| Feb _____ | Jun _____ | |
| Mar _____ | Jul _____ | |
| Apr _____ | Aug _____ | |
| May _____ | Sep _____ | |

Additional Payment Terms:

Signed: _____ Date: _____



2020 Awareness Center Kundalini Yoga Teacher Training, Level I Terms and Conditions

PAYMENT METHODS

Payable by cash, check, money order, or credit card (Visa, Mastercard or Discover).
Payment plan “auto-payments” by credit card only.

DEPOSIT

There is a non-refundable deposit of \$895.00 for all participants.

AUTO-PAYMENT AMOUNTS/DATES

The Payment Plan has eight (8) auto-payments of \$375.00 each on:
February 15, March 15, April 15, May 15, June 15, July 15, August 15, September 15, 2020

CANCELLATIONS/WITHDRAWALS

- To withdraw from the course before it begins, we must receive your request in writing before February 21, 2020. You will be eligible for a refund less the non-refundable deposit of \$895.
- To withdraw from the course after it begins, we must receive your request in writing before March 6, 2020. You will be eligible for a pro-rated refund minus the non-refundable deposit of \$895.
- No refunds will be granted for requests received after March 6, 2020.

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 6, 2020 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: _____



**2020 Awareness Center
Kundalini Yoga Teacher Training, Level I
Intentions**

Name: _____

Please set your intentions for personal transformation.

Spiritual Growth:

Mental / Emotional:

Health / Fitness:



**2020 Awareness Center
Kundalini Yoga Teacher Training, Level I
Emergency Contacts**

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: _____

2020 Awareness Center
Kundalini Yoga Teacher Training, Level I
Health History

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

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 CONDITION | HIGH CHOLESTEROL | SEIZURES |

Have you injured or do you have pain in the following areas? Circle the appropriate areas.

| | | | |
|-------|------------|-----------|--------|
| NECK | UPPER BACK | SHOULDERS | ELBOWS |
| KNEES | LOWER BACK | HIPS | WRISTS |

Please explain _____

Please list all your medications, and for what condition:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 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/week ___ 4-5 times/week ___

What type of exercise? _____

How would you rate your daily level of stress? Low _____ Moderate _____ High _____

Estimate how many hours of sleep you get each night. _____

Are there any other reasons or conditions that may affect or limit your participation in the program?

Signature _____ Date _____