

For admin use

Attendance/ Re-Enrollee/ Remarks	
Total Paid	



For admin use

Instructor	
Course Date [mm/dd/yyyy]	

Part 1 Course – Registration Form

*(Please write clearly and in **BLOCK LETTERS**. All information in this application will be kept strictly confidential)*

PLEASE NOTE: It is compulsory to attend all sessions of the course. Use of a tape-recorder and video-recorder is prohibited.

Name: _____

Date of Birth:[mm/dd/yy]

/ /

Home Address: _____

Male [] Female []

Married [] Unmarried []

Phone (Res.) _____ (Off.) _____ Cell: _____

Email: _____ Profession: _____

1. Are you experiencing any of the following health conditions?

Asthma [] Epilepsy [] High Blood Pressure [] Heart Problem [] Back Pain [] Pregnancy []

Others (Please specify): _____

2. Are you currently taking any prescribed medication? Yes [] No []

If yes, please explain _____

3. If you are presently under the care of a physician, or have been hospitalized, please describe.

4. If you have a history of mental illness or are currently under the care of a psychiatrist, please describe.

5. Have you undergone any surgery in the past?

Yes [] No [] If yes, please explain _____

6. How did you come to know about The Art of Living? _____

7. Have you taken this course before? Yes [] No []

8. If you have ever taken yoga, meditation or any self-development programs, please explain. _____

Date	Course	Technique	Experience/Result

9. Please provide any other relevant information about yourself you feel is necessary for the instructor to know.

AGREEMENT

I declare that all information on this registration form is complete to the best of my knowledge. I am physically and mentally able to participate in this program and received consent from Art of Living Philippines Inc. in case I am not 21 to 75 years of age. I understand Art of Living Philippines Inc reserves the right to decide on my enrollment. I understand that any benefits derived from this course depend upon the extent of my participation. I therefore, accept full responsibility for the outcome, during and after the course. I willingly agree to follow all instructions, participate fully and commit myself to attend all sessions without any exception. I also agree that I will not disclose the contents of this course to anyone and that I will not attempt to instruct others in any of the techniques used in the course until such time as I have received personal training from Sri Sri Ravi Shankar.

Signature _____

Date: _____