

KRI KY Asia - Teacher Training Level One
September 2020 - March 2021

REGISTRATION FORM

Includes Health Questionnaire and Disclaimer Form
Please complete all details as appropriate.

note: all information shared is considered confidential and private



Date of Registration

dd / mm / year

From which location will you attend IN CLASS training? (check one)

Bali Cambodia Malaysia Singapore Sri Lanka Thailand

Do you plan to certify? Yes No

note: Attendance for both ONLINE and IN CLASS is a requirement for certification.

PERSONAL DETAILS

Full Name (list name as you want it to appear on your certificate)

Spiritual Name

Date of Birth

dd / mm / year

Occupation

Address

Email

Mobile

Home Phone

List any previous meditation or yoga experience.

Did you attend KRI Kundalini Yoga Level 1 Teacher Training before? Yes No

If YES, did you complete the program? Yes No

Who was the Lead Trainer? Location? Year?

Would you like to be on the KY Asia mailing list? Yes No

How did you hear about this program?

What is it about this program that interests you?

How do you hope to benefit from this teacher training?

Keywords that describe you as a person and your current state of being?

HEALTH QUESTIONNAIRE

Please describe your present state of health by indicating below if you have a history or recent occurrence of:

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Breathing Difficulty | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Neck Pain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Regular Headaches |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Ulcers |

Relevant details:

Any hospitalization/ operations? Please specify:

Are you taking any medications? Please specify:

Are you pregnant? Yes No If yes, how many months: Do you smoke? Yes No

Do you have any essential dietary requirements which we need to be aware of? (for the local IN CLASS trainings?)

Rate the level of stress in your life: High Medium Low

Any specific causes of stress or trauma? Please specify:

Please describe any other condition we need to be aware of:

DISCLAIMER

I, hereby agree to the following:

I am aware that participation in yoga may result in accident or injury, and I assume the risk connected with the participation in this course. I attest that I am in good health and suffer from no physical impairment that would limit my ability to participate in this teacher training course. I personally acknowledge that teachers of this course have not and will not render any medical services including medical diagnosis of participants' physical condition. I specifically agree that the organizers and teachers of this teacher training course, including KY Asia and KRI, shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage, or loss of any kind resulting from or related to my participation in this teacher training course or to the use of the course facilities within or without the course premises.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I accept that the fee is non-refundable.

dd /mm/ year

Signature

Thank you for your registration!

Please email your complete registration form + payment reference to kyasialevelone@gmail.com

The course fee of is **non-refundable** and payment is required before Sept 11, 2020 to secure a space.

Please contact your country administrator to make payment at your country location.

Congratulations on your commitment!