



# Youth Empowerment Seminar

**(PLEASE FILL IN BLOCK LETTERS)**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth & Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

No. of Family Members: \_\_\_\_\_ Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Has any family member already done AOL courses?: Yes  No

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

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

**The source of information about this course:**

Friends:  Parents:  Teachers:  Newspapers:  Others:

**Please indicate:**

**Any health problems experienced:**

**Medications Prescribed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION:**

I am participating in the breathing workshop of my own will and I take responsibility for participating in this program. I release the Art of Living foundation, all organizers and assistants in this program from all damages whatsoever and waive all right to compensation. I declare that I am physically and mentally able to participate in this program. I will not teach any of the techniques of the course unless I have been fully trained.

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

**Office Use only:**

Course Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Venue: \_\_\_\_\_

Fees: Paid  Not paid  FIRST TIME  REPEATER

Name of the volunteer: \_\_\_\_\_ Signature: \_\_\_\_\_