



WITH RISHI VIDHYADHARJI 23RD TO 25TH FEB / 1ST TO 3RD MARCH

Surname: _____ Name: _____

Address: _____

EMIRATES _____

Home Tel: () _____ Work Tel: () _____

Mob No: _____ E-Mail Address: _____

Date of Birth: _____ Male Female

Marital Status: _____ Profession: _____

Please answer the following questions by ticking the appropriate box:

1. Have you participated in the Art of Living **PART 1** Programme? **Yes** **No** **If Yes (First Course Info)**

Date: _____ Place: _____ Teacher: _____

2. Do you have any of the following Health conditions?

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Manic Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pregnancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Low Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV+	Yes <input type="checkbox"/>	No <input type="checkbox"/>	AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Any Other (Give details) _____

3. Are you currently on any prescribed medication? **Yes** **No** Details: _____

4. Have you ever attended yoga classes before? **Yes** **No**
If yes, for what length of time (approximately): _____

5. Are you currently practising a regular yoga routine? **Yes** **No**

6. Do you have any physical ailments that you feel the instructor should know about (e.g. a recent injury or surgery)?

7. How did you find out about the Sri Sri Yoga Course? _____

Declaration

I am participating in the Art of Living – Sri Sri Yoga programme of my own will. I take full responsibility for participating in this programme, its' outcome and consequences. I will not teach any of the techniques of the course unless, I have been trained in full by SRI SRI RAVI SHANKAR

DATE: _____ PLACE: _____ SIGNATURE: _____

Recording the course content by taking notes, electronic devices or any other mode is not permitted. Participants are advised to give preference to medical advice received from trained medical practitioners when practising yoga techniques.

Place: _____ Date: _____ Signature _____

Donations :- _____ Mode of payment _____ RECEIPT NO : _____

Received by: Name & Singnature: _____