



REGISTRATION FORM, TERMS & CONDITIONS

Please fill in as appropriate

Note: all information shared will be considered confidential and private

Full Name:		
Date of Birth:	day month year	Male / Female
Address:		
Email:		
Phone (home / mobile):		
Occupation:		
Previous Yoga Experience:		
Please describe your present state of health:		

Please check if you have a history or recent occurrence of:

-Allergies		-High blood pressure	
-Arthritis		-Hypoglycemia	
-Asthma		-Low blood pressure	
-Back pain		-Infectious diseases	
-Breathing difficulties		-Major injuries	
-Broken bones		-Neck pain	
-Cancer		-Other pain in the body	
-Diabetes		-Regular headaches	
-Heart diseases		-Ulcers	
-Any hospitalization / Operations? (please specify)			
-Are you pregnant? –Yes/ No How many months?			
-Do you smoke? –Yes/ No			
-Are you taking any medication (please specify)?			



Sanasuma

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

Please describe any other condition we should be aware of:

1. What do you hope to gain from this yoga training?

2. How did you hear about this Teacher Training a Friend / Advertisement / Internet? Other:

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3. Would you like to be on the Sanasuma email list or follower of our blog? –YES/ NO

PAYMENT – Full: S2080 please tick which payment method you will use:

- Pay via the payment gateway PayPal or credit card on the Teacher Training Page.
- Advance payment by bank transfer, direct deposit or through ATM to the following account:

Account Names: MS Fiona S Raymond
Bank Name: Commercial Bank of Ceylon PLC
Branch: Bambalapitya Branch
Account number: **8106016270**
Type of Account: Savings Account
SWIFT code: Swift code for international banking transfer **CCEYLK LX** to Commercial Bank of Ceylon PLC (Bambalapitya Branch)

OR

Account Names: MS F S Raymond
Bank Name: Nationwide Building Society(UK)
Branch: Islington
Account number: 37835775
Sort Code: 07-01-16
Type of Account: Current Account
SWIFT code or BIC: **NAIAGB21** Swift code for international banking transfer to Nationwide Building Society
IBAN: **GB64NAIA07011637835775**

Email payment slip to: raymond.fiona@gmail.com OR notify 94778011984

Payment deadline for full fee is 28 September 2015 - (All bank charges and/or PayPal fees must be paid for by the sender. The sender must tell their bank that they will pay for all fees.)

The course fee is refundable upon written request, 120 days before the course start, in case participants cancel their attendance.

Please fill in Health Questionnaire and Disclaimer and return this form to us.

Please note that by signing this registration form you confirm that you have made full payment of the course fees and you agree to the terms and conditions set out on the Teacher Training page of the website, www.sanasuma.co.uk.

Signature of participant: _____

Date _____



Please send a recent photograph of yourself for the student document

Kundalini Yoga Teacher Training

DISCLAIMER

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

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 yoga and attest that I am in good health and suffer from no physical impairment that would limit my ability to participate in this TCP training. I personally acknowledge that teachers of this Kundalini Yoga programme have not and will not render any medical services including medical diagnosis of participants' physical condition.

I specifically agree that the organisers and teachers of this Kundalini Yoga programme 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 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.

Signature of participant:

Date

For participant under 21:

AS LEGAL GUARDIAN OF I GIVE PERMISSION TO HIM/HER TO PARTICIPATE IN THE AFOREMENTION TRAINING AND CONSENT TO THE ABOVE TERMS AND CONDITIONS.

Date:

Name & signature of parent / legal guardian: