

Registration
Heart of Creativity Meditation Retreat
21st – 28th August 2010
Sangsurya – Byron Bay

Name: _____

Address: _____

_____ Post Code _____

Phone: Home: 0 _____

Mobile: 0 _____

Email: _____

How did you hear about this retreat: _____

In case of an emergency during the retreat who would you like us to contact:		
Name		
Relationship		
Phone contacts		

Personal Requirements:
Standard Vegetarian Menu
Any special needs.

PARTICIPANT QUESTIONNAIRE:

Heart of Creativity Retreat 21st – 28th August 2010
Confidential - (for Teachers and managers only).

Name: (please print and underline preferred name)

Life Situation/occupation:

Age: _____

Current Meditation Practice (if any):

.....

Previous courses with this teacher(s):

.....

.....

.....

Previous Meditation: Retreats or related practices

Please state Tradition(s)	Teacher(s)	Year	Length
.....
.....
.....
.....
.....

Current Issues that may make meditation difficult for you at this time:

Physical

Mental / Emotional

Spiritual

Many meditators are on a healing journey. On meditation retreats individuals may experience strong physical and psychological states. Please answer all the following questions so we can care for you appropriately.

Do you have any current or previous:

* drug (including alcohol) abuse or addiction issues

Yes/No/Past/Current

* diagnosis or treatment of a mental illness (psychological or psychiatric)...Yes/No/Past/Current

* medical conditions that could require attention during the retreat.....

Yes/No/Past/Current

If yes, please write in the details below

CONFIDENTIAL INFORMATION - FOR TEACHERS / Managers ONLY

If you answered "Yes" on previous page please give further information of your conditions:

Are your symptoms currently well controlled?Yes/ No

Do you currently drink alcohol on a regular basis?Yes/ No

If so, have you ever had any problems abruptly stopping alcohol usage?.....Yes/ No

Do you currently use recreational drugs (e.g. marijuana, amphetamine, ecstasy)?..... Yes/ No

If so, are you able to abstain from all recreational drugs during your retreat?.....Yes/ No

Have you ever made a serious attempt at taking your life?Yes/ No

Do you have a history of emotional instability during intensive meditation retreats?

...Yes/ No

How do you assess your current ability to work with emotional swings?

Any condition that might interfere with sitting and walking meditation?.....Yes/ No

Any limitations that prevent you from participating in the daily work period?Yes No
Are you currently taking any prescription medications for physical or psychological conditions?..... Yes No

If so, please list each medication and daily dosage, as well as the condition it is being used to treat below:

Condition	Current Effect on Daily Life	Treatment Including medications.	Hospital admissions	Current Doctors or Therapists Name & address

Do you have first aid training and would you be willing to be available on retreat?

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I will inform the teachers/managers of any change in my circumstances.

Name (please print): _____

Signature: _____ **Date:** ____/____/____