****

902-A Rae Street, Regina, SK S4T 2B4

Student’s Registration Form

To register for classes and retreats, please fill out this registration form and e-mail it to us. The following information will be kept confidential and is going to help us provide a safe environment for you and others.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | First | Middle | Last |
|  |  |  |
| Age | Primary Language | Date of Birth | Native Country | Gender | Do you speak English well? |
|  |  |  |  |  | **□Fluent □Good □**Moderate **□Speak Little or not at all** |
| Address | Apt/House Number | Street Name & No. | City | Province | Postal Code |
|  |  |  |  |  |
| Telephone | Home |  | Cell |  |
| Email |  | Occupation |  |
| Emergency Contact | Person’s Name | Relationship | Telephone |
|  |  |  |
| Do you have meditation experience? If yes, please provide brief detail of your experience.  |
|  |
| How did you hear about Dhammanjali Meditation Center?  |
|  |
| Do you have any mental or physical illnesses which could affect your ability to participate in the class?  □ Yes □ No. If yes, please give brief details of the illness.  |
|  |
| Are you taking any drugs or treatment? □ Yes □ No If yes, please give brief details below.  |
|  |
| What would you hope to gain from meditation?  |  |

I would like to receive information regarding Dhammanjali’s retreats, events, talks, lectures, discourses, classes and other programs and services. I understand and agree that with my participation, I am willingly and knowingly accept full responsibility for all my actions in thought, speech and deed. The information I have given is true to the best of my knowledge. I consent to DMC’s use of my name, photograph, likeness and comments that may be used in publications, including promotional materials.

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