



Yoga Therapy Australia
Personal Practices for Individual Needs

REGISTRATION FORM

FOUNDATIONS COURSE 2012

THE VINIYOGA APPROACH FROM A THERAPEUTIC PERSPECTIVE

Fri 20 – Sun 29 April 2012

Camp Koinonia, Evans Head, North Coast NSW

First Name _____ Last Name _____

Gender female / male

Street Address _____

Suburb _____ Postcode _____ State _____

Country _____

Phone M _____ Phone W _____ Phone H _____

Email Address _____

Occupation

Education Qualifications - Professional Training

Provide brief details of your educational qualifications and professional training



Are you a Yoga Teacher? YES / NO

If you are a yoga teacher, how long have you been teaching? _____

How often do you teach _____

Have you previously studied the Krishnamacharya lineage or viniyoga approach to yoga?
YES/NO

Yoga Training/Experience

Please give details of your yoga training and experience eg. include whether student, teacher, health practitioner, style of yoga, duration of study, names of schools/teachers/traditions, and level of training in Krishnamacharya lineage or viniyoga approach to yoga, if any.

Personal Practice

If you have a personal practice, please provide a brief description of your personal yoga/meditation/pranayama practice etc. including how regularly you practice.

Therapist Training Course

Please indicate whether you are **highly likely** / **considering** / **unlikely** to apply for the Post Graduate Diploma in Yoga Therapy Course



Medical Conditions

Please provide brief details of any medical (including psychiatric) conditions, allergies and any medications that we should be aware of. If none please enter "None"

Food Allergies

Please provide details of any food allergies. This information will be passed on to our caterer who can then advise you if there are any meal options you should avoid.

Special Assistance

Do you require any special assistance during the course? If so please describe the type of assistance required. If none please enter "None"

Emergency Contact

Please provide the name of a person we can contact in an emergency

Name _____

Emergency Contact Phone _____

(please include area code and if outside Australia the country code)



ACCOMMODATION OPTIONS (Please circle appropriate price)

ACCOMODATION OPTION	EARLY BIRD 17/2/12	FULL PRICE Must be received by 6/4/12
Camping	1895	2095
Non-Ensuite Dorm Cabin up to 4 persons per room	1975	2175
Twin Share Room in Guesthouse Dorm or Family Cabin/Ensuite facilities shared between two rooms	2045	2245
Single Room in Guesthouse Dorm or Family Cabin/Ensuite facilities shared between two rooms	2325	2525

PLEASE NOTE:

Single and twin Shares may be in allocated a single or bunk bed. There are a small number of double beds available for couples by request.

Please Note: Your choice of accommodation cannot be guaranteed as some options are very limited. While every effort will be made to satisfy your preferences allocation will be made in order of receipt of applications accompanied by deposit or full payment.

SHARING ARRANGEMENTS

Twin Share/Dorm:

Please indicate the name of any person/s you wish to share with. Please also request your friend/s to name you on their form.

Ensuite Bathroom Share:

Please indicate the name of any person/s you wish to share your ensuite with and we will *try* to allocate this person as your neighbour. Please also request your friend/s to name you on their form.

Please note that while every endeavour will be made to satisfy your share requests, it may not be possible to do so.



PAYMENT

TO SECURE YOUR PLACE: Please send a deposit of \$300 with your registration form.

EARLY BIRD: FULL PAYMENT must be received by **17 February 2012**. You may secure your place before that time by paying a deposit of \$300. The deposit will be deducted from the total cost.

NON-EARLY BIRD: If you are not paying Early Bird, a deposit of \$300 is required to secure your place. Full and Final payment must be received by 6 April **2012**. If the final payment is not received by that date your place may be offered to someone else and your deposit forfeited.

Accommodation allocations and placements can only be made upon receipt of funds, and are subject to availability. **No accommodation will be allocated or places in the course reserved until a minimum deposit of \$300 or full payment is received.** This deposit is fully refunded if you are not accepted into the course or the course is full, unless you wish to be placed on a waitlist in which case the deposit will be held pending availability. Otherwise, the deposit is non-refundable.

TERMS AND CONDITIONS

1. REFUND POLICY FOR FOUNDATIONS TRAINING APRIL 2012

If a participant withdraws from the program the following terms and conditions apply:

- a) If the participant withdraws on or before 23 March 2012, the participant will receive a full refund of all monies less the non-refundable deposit of \$300;
- b) If a participant withdraws after 23 March 2012, the participant will forfeit 50% of their total cost of the course;
- c) If a participant withdraws after 6 April 2012 no monies will be refunded.
- d) However, at any time prior to the course commencement, a withdrawing participant may arrange to transfer his/her payments to another person to attend the same workshop in his/her place, but only if that person is able to satisfy the pre-requisite requirements..

2. CANCELLATION

Yoga Therapy Australia reserves the right to cancel any event, workshop or training if necessary. In the unlikely event that this occurs, a full refund of all monies will be returned to the participant. However, no responsibility will be accepted for any consequential loss in any circumstances.

Appropriate TRAVEL INSURANCE is highly recommended.

3. PHOTOGRAPHS, FEEDBACK etc.

Photographs taken and feedback given may be used by Yoga Therapy Australia and the presenters of courses for marketing purposes. If you would prefer we did not use any of the material written by you or containing an image of you please advise us in writing.

4. DISCLAIMER



Yoga Therapy Australia accepts no responsibility for any act, omission, default or neglect of themselves, their employees, agents or associates for any injury, damage, or loss to persons or goods whatsoever or however the same may be caused

Payment

Please indicate whether you are paying and, where appropriate, the amount.

- \$300 Deposit
- Early Bird payment \$ _____
- Full payment \$ _____

Transfers

Do you require a transfer from Ballina airport to the venue Yes No

Payment Method

- Internet Direct Deposit

Yoga Therapy Australia
St George Bank
BSB: 112879
A/C: 446257089

Please ensure you use YOUR NAME as a reference.

- Branch Deposit

Please use your mobile phone number as a reference number before making the deposit to ensure we can match your payment.

- Cheque/Money Order

Please draw to Yoga Therapy Australia and post to *Yoga Therapy Australia* , 3546 North Arm Road Girralong NSW 2449

- Credit Card

Available only via Paypal at www.paypal.com.au. Please note that you will be liable for a surcharge of 3-4%.