

QUESTIONNAIRE

Please email or write to us your answers to this questionnaire. Your answers will be kept in strict confidence and are reviewed by the course facilitators only. Please answer these questions fully and thoughtfully. The information is useful to us to help understand you better and to be more aware of your particular needs. We must receive your questionnaire before your space in the course is confirmed.

1. Please describe your yoga experience (i.e., years of practice etc.)
2. What styles of yoga do you practice and do you have any influential teachers?
3. Why do you wish to take the course and what are your goals?
4. Are you considering a career as a yoga teacher or are you already teaching?
5. What are your dietary preferences or restrictions?
6. Please describe your general emotional and mental state. Are you fairly stable? Have you ever used any medication for depression, anxiety, anger, etc.? Have you ever been hospitalized for a psychological condition? Are you currently in therapy? If so, does your therapist know about and support you in taking this course?
7. Do you currently have or have you had any history of addictions? Alcohol, drugs, gambling, food etc.? Have you had any addiction treatment? Please elaborate.
8. What was your home situation in general as a child?
9. Please describe any concerns you have about taking this course.
10. Are you an experienced traveller? Have you ever travelled to a third world country? Do you have any concerns about traveling and living in a tropical environment?

I understand that I am registering for _____ course offered by Heart Yoga Center. I agree not to hold Heart Yoga Center or any of its associates liable for any part or result of what I do with this course, retreat, workshop or its content.

_____ Signature

_____ Date

Thank you for filling this form out completely. Please either:

- Copy it and email it back to us at erickson@netidea.com
- Print it and send it along with your deposit and liability form to:

Karuna & Paul Erickson
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