

Registration form for Residential Anapana Children's Course

Page 1 –To be filled by participants

Page 2- To be filled by parents/guardians

Date of Course: Beginning _____ End _____ Place _____

Age: (Only between 12 completed and 18) **Date of Birth:** _____ **Male** **Female**

Full Name: _____

Mobile No: _____ Email ID: _____

Name of person who has motivated you to join this course _____

What are your expectations from this course? _____

Write something about yourself: _____

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Mother Tongue: _____ Do you understand Hindi? _____

Have you participated in an Anapana Course before? Yes No

If your answer is yes, please fill following points a and b If no, then fill up point b only

Point a) For old students only

a) When have you sat your first course? _____ Where? _____

70 mins course _____ 1-day course _____ 2/3-day course residential _____

How many courses have you attended? _____ Do you practice at home or in school?

When? _____

Have you noticed any change in yourself?

Part b) for all participants: Will you follow all the rules of the course?

Signature: - _____ Date _____

Parents / Guardians please fill this Form

Date of Course : Beginning _____ End _____ Place _____

Full Name : _____

Address : _____

Telephone No: Residence _____ Mobile No.: _____

Email id : _____

Have you sat a 10 day Vipassana course as taught by S N. Goenkaji? Yes / No

Your relation with the participant _____ Mother/Father/ Guardian Does

your participant has any physical or mental disease? If yes, please write about it

If he/she is on any medication, please write the name and dosage. _____

If management needs to know about any food allergies, please specify. _____

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Where will you be during the duration of the course? If it is different from the address given above, please give the appropriate address here: _____

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Have you discussed the course with your child/ward? Is he/she willing to participate? _____

Note: Please do not send any gadgets along with the child like music gadgets, tablet, mobile, books,etc. If any such material is found, it will be kept in office custody and returned at the end of the course.

Your permission is mandatory for your child / ward to join this course. Kindly sign form below.

Signature of Father: - _____ Date _____

Signature of Mother: - _____ Date _____