



生活的艺术

SRI SRI YOGA - REGISTRATION FORM 诗丽.诗丽.完美瑜伽课程 - 报名表

(Please write clearly and in **BLOCK Letters**. All information in this application will be kept strictly confidential)

(请清楚填写, 一切资料将被保密)

Name 姓名: English (英): _____ Chinese (中): _____ Male 男 Female 女

Mailing Address 通讯地址: _____

Phone 电话号码 (Res 住家): _____ (Off 公司): _____ (H/P 手提): _____

Fax 传真号码: _____ E-mail 电邮: _____ Date of Birth 出生日期: _____

Religion 宗教: Christianity Buddhism Islam Hinduism Others _____

Briefly describe your mental and physical health 请列明你的精神与身体的健康状况:

Please indicate if you have any of these conditions: 你有以下的健康状况吗?

Asthma 气喘 <input type="checkbox"/>	Breathing Problems 呼吸困难 <input type="checkbox"/>	Diabetes 糖尿病 <input type="checkbox"/>	Emphysema 肺气肿 <input type="checkbox"/>
Epilepsy 癫痫症 <input type="checkbox"/>	Heart Disease 心脏问题 <input type="checkbox"/>	High Blood Pressure 高血压 <input type="checkbox"/>	Pregnancy 怀孕 <input type="checkbox"/>
Back Pain 腰背痛 <input type="checkbox"/>	Schizophrenia 精神分裂症 <input type="checkbox"/>	Glaucoma 青光眼 <input type="checkbox"/>	

If you are presently under the care of a physician, or have been recently hospitalized, please describe:
如果你住过医院及接受过医疗, 请详述

If you have a history of mental illness or are currently under the care of a psychiatrist, please describe:
如果你患有精神病及接受过心理治疗, 请详述

Please describe in detail any medications you are taking 请列明你所服用的任何药物:

For The AOL and Sri Sri Yoga member only: AOL Member 生活的艺术学员 SSY Repeater 诗丽.诗丽.完美瑜伽复课
First Part I date, teacher and venue 第一次净化呼吸法课程日期、导师及地点 _____
First Sri Sri Yoga date, teacher and venue 第一次诗丽.诗丽完美瑜伽课程日期、导师及地点 _____

Have you learnt yoga prior to this? 您是否曾经学习瑜伽? Yes 是 No 否
If yes, please indicate how long you have been practicing? 若是, 请列明您已经练习瑜伽多久?

If you have ever taught yoga, meditation, or any self-development programs, please explain:
如果你曾教过瑜伽, 静坐及任何成长课程, 请详述:

How did you come to know about Sri Sri Yoga? 你是如何知道诗丽.诗丽.完美瑜伽?

DECLARATION 宣言

I hereby acknowledge that I am physically fit to attend this course. I understand that the practice of yoga involves physical movement of the body and if I should injure myself during this course and my personal yoga practice, I will not hold the instructor or organiser liable. I also agree that I will not disclose the content of this course to anyone or teach anyone before I become a qualified Sri Sri Yoga teacher.

我宣誓我无论在身体或精神上都有能力参加这活动。我明白练习瑜伽涉及身体动作, 若于课程或个人练习途中受伤, 不向导师或主办单位索求赔偿。我亦同意不对任何人泄露本课程之上课内容及在未成为合格的诗丽.诗丽.完美瑜伽课程导师之前教导他人。

Date 日期: _____

For office use

Optional personal donation for the course 个人捐献

RM _____ { OR No: _____ }

Course Date 日期 :

Course Location 地点 :

Course Instructor 讲师 :

Tel 电话号码 :