

Yoga Retreat Registration Application

808 826 6621 FAX 808 826 1810

Welcome and thank you for your interest in Kauai Yoga Retreat! You are giving yourself a unique and special gift. Congratulations!

The retreat dates are October 16th 23rd 2004 with accommodations at the Hanalei Colony Resort on Kauai. Full payment must be received by August 16th. Spaces may be still available for the Retreat.

We, however, encourage you to reserve your space soon as registration is on a first-come basis. Also, please know that we have a minimum of 14 participants per retreat if we do not meet this minimum we will either offer you a place in the next retreat (Feb or Oct), or a refund. **Please remember this when you make your flight reservations.**

TO RESERVE YOUR SPACE WE REQUIRE A DEPOSIT OF \$1,000. THE BALANCE MUST BE RECEIVED BY AUGUST 16TH 2004.

The \$1,000 deposit is non-refundable except due to extreme scenarios (natural disasters, acts of a Higher Power, etc.) yet may be transferable for future events. If you are late or don't show up for your scheduled appointments then the monies you paid will go to paying the therapists/consultants for that day and you miss out on that session.

Enclosed is my payment of _____.

This is your registration application please complete this form and fax or e-mail it to Darci Frankel.

Print Full Name: _____

Birth date: / / (month/day/year)

Time: (Accuracy here is important) _____ (a.m.) (p.m.) (circle one)

Location: (city/state or country) where you were born _____

Home Address _____

Home Phone _____ (best time to reach you) Fax _____

E Mail _____ Other _____

Intentions can create reality. Here at the gateway of this life-changing retreat, you have an opportunity to create your intentions, thus actually participating in forming your own experience. Intentions can manifest in any arena of your life as they describe what you choose to create, such as deepening self love, healing physical/emotional issues, weight gain/loss or whatever else it is that would most enhance your life.

❖ Take a few minutes and write down your intentions. If you want, you can use another page to formulate them. Then when they are clear and concise (like a bulleted list) write them below. Enjoy the process!

My intentions for this retreat:

(Please use the back of this sheet.)

In order to make your experience a most comfortable one and to prevent any possible contraindications of the treatments, we ask you to answer the following questions honestly.

Circle any of the following conditions that you have now or have had:

Athletes foot, pregnancy, lactation, hypertension, lympho-sarcoma, cancer of the lungs or testicles, melanoma, Hepatitis type ____, congestive heart failure, HIV, AIDS, dehydration, or any active infectious disease, asthma, allergies, emphysema, chronic fatigue syndrome, carpal tunnel syndrome, fibromialgia, obesity, cigarette smoking current/past, Chron's syndrome, irritable bowel syndrome, stomach ulcer, shingles, herpes simplex/zoster (shingles), food addictions, substance abuse, (if so which type) _____. Other _____

We want you to enjoy all of your meals without worrying about what you don't eat. Our chef is preparing food, so it is **imperative** that we know your dietary restrictions prior to planning the meals. Please, take the time to answer the following questions honestly. Please document any allergies and/or food allergies: _____

Do you have any food restrictions or dietary preferences?

Do you avoid or are you allergic to (circle your choices) soy (tofu/tempe), vinegar, wheat, corn, dairy; butter, milk, cheese, eggs or fish? Do you take any of these sometimes? If so what? _____

Please list medications/vitamins/herbs are you currently taking: _____

Are you allergic to any oils or lotions? Please circle one. Yes/No. If Yes which ones? _____

FOR THE AYURVEDIC CONSULTATION

On a separate piece of paper please (LEGIBLY) document your health history, any health concerns, illnesses, healing crises, as well as details about your current self-care program, i.e., Yoga/chiropractic, number of times per week, etc.

I hereby state that I have answered all above questions to the best of my knowledge. I understand that this retreat is not to be used in place of medical treatment, and that I should check with my doctor before making any changes to my diet or lifestyle. I agree to hold harmless Darci Frankel, Jay Kumar, or any affiliated people or organization from any claims I may make.

By signing below, I agree that I am completely responsible for my physical and psychological health and well-being and that I completely understand and agree with the contents here within.

Print your full name here _____

Sign here _____

Date _____

PLEASE DO NOT HESITATE TO CONTACT US SHOULD YOU HAVE ANY QUESTIONS. WE LOOK FORWARD TO HAVING YOU IN KAUAI FOR A TRULY MAGNIFICENT WEEK OF HEALING AND DISCOVERY. SEE YOU SOON. ALOHA!! PEACE AND BLESSINGS,

DARCI FRANKEL JAY KUMAR & STAFF