



# PATANJALI YOG PEETH (UK) TRUST

England and Wales: Charity Registration No: 1115370, Scottish Charity Registration No: SC041991

## ENROLMENT FORM

Please attach your passport sized photograph or digital image

### ASSISTANT YOGA TEACHER (LEVEL 1)

#### PERSONAL DETAILS

Title (please circle) Dr / Mr / Mrs Ms Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male / Female \_\_\_\_\_

Marital Status \_\_\_\_\_

Permanent Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone Numbers (H / O / M) \_\_\_\_\_

Education / Qualifications \_\_\_\_\_ Present Occupation / Business \_\_\_\_\_

Email Address \_\_\_\_\_

Location \_\_\_\_\_

#### HEALTH DETAILS

Are you currently under the care of a Doctor or Medical Professional? Yes  No

When did you last consult your GP (family Doctor) and why? \_\_\_\_\_

Are you currently taking any prescribed medicine? Yes  No

If you answered yes to any of the above questions, please give details of the name and dosage of the medication: \_\_\_\_\_

Do you smoke	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you take Alcohol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Are you vegetarian	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you currently suffering from or have suffered from any illness listed below (tick as appropriate):

Heart Trouble	<input type="checkbox"/>	Lung Disease	<input type="checkbox"/>	Stomach / Bowel Trouble	<input type="checkbox"/>
Jaundice / Hepatitis	<input type="checkbox"/>	Joint Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	Headaches / Migraines	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	High / Low Blood Pressure	<input type="checkbox"/>	Back / Neck Problems	<input type="checkbox"/>
Serious Accident	<input type="checkbox"/>	Severe Stress Reaction	<input type="checkbox"/>	Kidney / Bladder Problems	<input type="checkbox"/>
Fits / Blackouts / Epilepsy	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Hearing / Sight Problems	<input type="checkbox"/>
Surgical Operations	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>	Depression / Anxiety	<input type="checkbox"/>
Hernia / Rupture	<input type="checkbox"/>	Other _____	<input type="checkbox"/>		<input type="checkbox"/>

If you have ticked any of the option above, please provide details and approximate dates where relevant

Are you fit to join YOG TEACHER TRAINING COURSE? Yes  No

## GENERAL INFORMATION

Are you affiliated with a Community Centre or other organisation? Yes  No   
If yes, please state the type of organisation Voluntary  Private  Public

Please give the name of the organisation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please tell us of any previous experience you have in learning & teaching Yog: \_\_\_\_\_

How did you hear about Patanjali Yog Peeth Trust \_\_\_\_\_

Why do you want to be associated with Patanjali Yog Peeth Mission? \_\_\_\_\_

## PAYMENTS

£151 - AYT  £101 - Self Development  £75 - Refresher (Only for existing teachers)

Cash  Bank Transfer (Barclays Bank)  Cheque

Account Name PYP (UK) Trust Account Sort Code 20-79-06 Account Number 90710423

SWIFTBIC BUKBGB22 IBAN GB89 BUKB 20790690710423

**Please make cheques payable to: PATANJALI YOG PEETH (UK) TRUST**, and post along with the completed application for to: PYP(UK) Trust, 40 Lambhill Street, Kinning Park, Glasgow, G41 1AU, Scotland, UK. [www.pypt.org](http://www.pypt.org)

**Please emails your completed form with a copy of your payment to: [info@pypt.org](mailto:info@pypt.org)**  
**And CC to [dlsahal@pranyog.co.uk](mailto:dlsahal@pranyog.co.uk)**

## DECLARATION

I hereby declare that the information above is true to the best of my knowledge. I further declare that I will abide by all the rules & regulations as well as the code of conduct of Patanjali Yog Peeth (Trust) prescribed for such Yog Teachers/ Volunteers from time to time. I will provide, two hours per week, free Yog teaching. In case of violation of any rules, regulations or code of conduct, the trust can take disciplinary action against me and for this sole responsibility will be of mine.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### **For Office Use Only:**

Received by, Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISCLAIMER FORM FOR ATTENDING YOG TEACHER TRAINER SESSIONS

The Assistant Yog Teacher Training and Self Development Sessions are run by a charity organisation called Patanjali Yog Peeth (UK) Trust who are hereby referred to as the Organisers & Instructors ('O&I')

The Organisers and Instructors ('O&I') which expression shall include all related entitles (employees, agents, affiliates, volunteers associated with them) expressly state that, in general Yog-Pranayam is safe and beneficial but like any other health and physical exercise program it needs to be practised judiciously, correctly and cautiously. No citing by O&I at the Yog-Pranayam classes to any health-related/medical/other information is intended to be a substitute for professional judgement of a qualified health-care provider. The O&I are not subject or liable to change the structure of the Yog-Pranayam classes to suit individual needs. Not all presentations by the Yog-Pranayam classes maybe suitable for everyone. If pain is experienced anytime during the practice of the Yog-Pranayam it should be stopped immediately and a qualified healthcare professional should be consulted. The O&I assumes no responsibility and will not be liable for any harm, injury, damage known or unknown or otherwise, that may result from any tort, negligence or from a breach of an express or implied warranty however caused or occurring during or after participate in the Yog-Pranayam classes or while practicing anything presented therein. By participating in the Yog-Pranayam classes the participant or the guardian who is responsible by law for the participant, hereby expressly and willingly assumes all risks, full responsibility and liability for participating and practising anything presented therein and forever waives and releases and agrees to defend, indemnify and hold the O&I harmless from and against any and all injuries (including death), damages and any other claims or demands, liabilities and settlements (including without limitation, legal and accounting fees) on or against the O&I for loss or damages, including, without limitation, direct, indirect, incidental, consequential or special damages, personal injury/wrongful death, resulting from or alleged to result from participating in or practising anything that is presented in the Yog-Pranayam sessions. I, my heirs or legal representatives' forever release waive, discharge and undertake not to hold the O&I in any way responsible for accident, injury or death which may occur during my participation in the Yog-Pranayam Classes. The O&I, at their sole own discretion reserve the right to deny participation at any time of the Yog-Pranayam sessions to any entity without assigning any reason whatsoever.

### RULES FOR PARTICIPATING IN ASSISTANT YOG TEACHER TRAINING AND SELF DEVELOPMENT SESSIONS

1. I understand that it is my responsibility to consult and obtaining consent from a physician prior to and regarding my participation in the Yog-Pranayam Sessions, Health Programs or Workshops.
2. Suitable clothing is advised e.g. loose gym wear / jogging wear / Punjabi suit.
3. Participants will bring their own Yoga mats / bed sheets, towels, tissues, and water (if required).
4. We do recommend that participants maintain a regular medical check up to see for themselves how Yog-Pranayam may be affecting their health within the medical parameters of concern (if any) or of those being monitored.
5. Participants are advised to come on an empty stomach for maximum results (No food 4 hours before the Yog-Pranayam Session)

O&I highly recommends to every participant to consult and obtain independent medical advice from their Health Care Professional before executing the aforesaid disclaimer and become aware of any effect that may be applicable in light of your medical history on concerns.

I acknowledge that I am participating in the Assistant Yog-Teacher training and Self Development sessions on voluntary basis. I have read, understood in its entirety and I voluntarily agree to the terms and conditions of the release and waiver of liability and rules for participating in Yog-Pranayam training sessions as described above.

Applicants Signature \_

Date \_

Print Full Name \_\_\_\_\_