

**Confidential Request for Registration Form**

This year’s Spring Retreat is self-managed and requires participants to be experienced meditators and care for their own wellbeing and safety. We ask that you complete this form so we know a little more about you and see if we can welcome you to the retreat. This information is strictly confidential and is only viewed by the meditation teachers and the retreat manager. Even if you have completed this form for a previous SIM retreat, we ask you to do so again.

# Retreat

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| --- | --- |
| **Self-managed Spring Retreat 2018** | **Dates:** 13-16 September 2018 |

# Personal details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Gender:** | **Age:** |
| **Address:** |  | | |
| **Email:** |  | | |
| **Phone**: | Mobile: | Home: | |

# Contact in case of emergency during the retreat:

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Relationship:** |  | **Phone contact:** |

# Food: There is no external catering for this retreat. All participants will have to collaborate to provide food and cook meals. We will plan for vegetarian food, but participants with other requirements (e.g.: vegan, dairy or gluten free) will have to notify the retreat coordinator at least two weeks prior to the retreat and cater for themselves for the entire duration of retreat.

# Transport: Can you offer a lift or would you like a lift?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **One way/ return** | **Numb of people** | **From where** |
| **What lift can you OFFER?** |  |  |  |
| **What lift would you LIKE?** |  |  |  |

Note: Reasonable attempts will be made to meet lift requests but cannot be guaranteed.

# Occupation and/or life situation:

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| --- |
|  |

# Current meditation practice (if any):

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|  |

# Previous retreats attended:

|  |  |  |  |
| --- | --- | --- | --- |
| **Tradition** | **Teacher** | **Year** | **Length** |
|  |  |  |  |
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# To help us coordinate future SIM activities

|  |  |
| --- | --- |
| **How did you hear about this event** | Teacher Friend Website  Flyer Email  Newsletter  Sangha Other: |
| **Would you like to receive the SIM Newsletter which informs you of future SIM Events?**  **YES**  **NO**  **Already Receiving** | |

**Self-care**

Many meditators are on a healing journey. On meditation retreats individuals may experience strong physical and psychological states. Please answer all the following questions so we are aware of potential issues, but note that **this retreat is self-managed and that you will be entirely responsible for caring for yourself.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any current or previous:** | **No** | **Yes** | **If yes, Past?** | **If yes, Current?** |
| Drug abuse or addiction issues (including alcohol) |  |  |  |  |
| Diagnosis or treatment of a mental illness (psychological or psychiatric) |  |  |  |  |
| Medical conditions that could require attention during the retreat, or would affect your participation on the retreat. |  |  |  |  |
| Are you currently seeing a therapist? |  |  |
| If so, are they aware you are attending this retreat? |  |  |
| What is their phone number: | | |

|  |  |  |
| --- | --- | --- |
| **If you answered “Yes” to any of the above please give further information about your conditions:** | **Yes** | **No** |
| Are your symptoms currently well controlled? |  |  |
| Do you currently drink alcohol on a regular basis? |  |  |
| If so, are you able to abstain from alcohol during the retreat? |  |  |
| Do you currently use recreational drugs (e.g. marijuana, amphetamine, ecstasy? |  |  |
| If so, are you able to abstain from all recreational drugs during your retreat? |  |  |
| Have you ever made a serious attempt at taking your life? |  |  |
| Do you have a history of emotional instability during intensive meditation retreats? |  |  |
| If yes, how do you assess your current ability to work with emotional swings during the retreat? | | |

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| Do you have any additional information or comments you would like to convey to the retreat coordinator? |

By checking the box below, I confirm that all of the above information is correct to the best of my knowledge. I will inform the retreat coordinator of any change in my circumstances.

**Name**       **Date**      

Thank you for completing your registration.

**Please email your completed form to** **Sylvie Vanasse** **at:** parlure@gmail.com