

**Confidential Registration Form**

We care for your wellbeing and safety when you are with us on retreats and as such we require you to complete this form. This information is strictly confidential and is only viewed by the meditation teachers and the retreat manager for this event. If you have completed this form for a previous SIM retreat, we ask you to please do so again for this retreat.

# Retreat

|  |  |
| --- | --- |
| **High Country Walking Retreat** | **Dates: 7 to 14 Dec 2020** |

# Personal details:

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

# Contact in case of emergency during the retreat:

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

# Occupation and/or life situation:

|  |
| --- |
|  |

# Accommodation:

Do you wish to share a room with a partner?

|  |  |  |
| --- | --- | --- |
| **Share room:** | Yes | No |
| **If yes, with whom?** |  | |
| **Two single beds or a double / queen bed?** |  | |

# Dietary requirements:

# The meals provided will comprise a range of vegetarian foods, with dairy free and gluten free options available to those who tick the box below.

|  |  |  |
| --- | --- | --- |
| **Dietary:** | Gluten Free | Dairy Free |

**Any other special needs?**

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| --- |
|  |

# Transport: Jindabyne to Charlotte Pass and return:

We need around five vehicles for transport from Jindabyne to and from Charlotte Pass (less than an hour each way), and for transport to and from the start of one walk. This requires a week-long Koscioszko National Park pass, which is over $100. People who are asked to do this will receive a discount on their retreat cost to cover the cost of the National Park pass. Are you able to offer this sort of transport?

|  |  |  |
| --- | --- | --- |
| **Local transport:** | Yes | No |

# Transport: Longer distances: Can you offer a lift or would you like a lift from some other place to Jindabyne?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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.

# Do you have or have you had any alcohol or drug dependency?

|  |  |
| --- | --- |
| Yes | No |
| **If yes, please describe and state whether past or current:** | |

# Do you have or have you had a diagnosis of a mental health condition?

|  |  |
| --- | --- |
| Yes | No |
| **If yes, please describe and state whether past or current:** | |

# Do you have any medical condition that might require treatment during the walking retreat?

|  |  |
| --- | --- |
| Yes | No |
| **If yes, please describe:** | |

# Outline of background in meditation (if any. If you have done residential meditation retreats, list up to three saying when and with which teacher/s):

|  |
| --- |
|  |

# Physical, emotional or other conditions that might be an issue on the walking retreat:

|  |
| --- |
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# Walking distance:

This walking retreat requires at moderate fitness level. We will cater for (1) people who are comfortable to walk up to 22kms on largely graded tracks (eg the walk to Mt Kosciuszko) and (2) people who do not wish to walk more than 10 kilometres each day. Which group do you see yourself as most likely being part of?

|  |  |
| --- | --- |
| **Longer walks (12 to 22k)** | **Shorter walks ( 6 to 10k)** |

# First Aid:

While all walks will be on clearly marked tracks, there is still a chance that someone will strain an ankle, fall over, or have some other injury. Do you have a current first aid certificate or a nursing or medical background?

|  |  |
| --- | --- |
| **Yes** | **No** |
| **If yes, please describe:** | |

# Yoga, Tai Chi, Qigong:

We may have a morning session of yoga, tai chi, qigong or something similar. There is a possibility that different mornings could be led by different participants. Do you see yourself as having the knowledge and background to lead one of these sessions?

|  |  |
| --- | --- |
| **Yes** | **No** |
| **If yes, please describe:** | |

# Minimising Risk:

While we will be walking on clearly marked tracks, there are still risks in walking in relatively remote areas, and risks in being unprepared for fast changing alpine weather. One way to minimise the risks is to walk in groups, with a specified person as the head and another as the tail. There might be quite a distance between the head and the tail to account for different walking speeds. This is the standard practice that is followed on other walking retreats. Are you happy to be part of a group like this?

|  |  |
| --- | --- |
| **Yes** | **No** |

# To help us coordinate future SIM activities

|  |  |
| --- | --- |
| **How did you hear about this event** | Teacher Friend Website  Flyer Email  Newsletter  Sangha Other: |
| **If you would like to be informed of upcoming SIM events, go to the SIM website and subscribe to our newsletter.** [**www.sydneyinsightmeditators.org**](http://www.sydneyinsightmeditators.org/) | |

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 teachers/managers of any change in my circumstances.

**Name**       **Date**      

Thank you for completing your registration.

**Please email your completed form to Alan at:** [alangbassal@gmail.com](mailto:alangbassal@gmail.com)