#### HEALING YOGA & DANCE RETREAT **Aloha House - Castleconway - Killorglin - Co. Kerry – Ireland** 10-12th June 2022

This retreat has been organized in compassionate support of your total well-being.

We encourage retreat participants to value & commit fully to this amazing retreat experience, so please understand that we need to proceed with the formality of this registration form so that we can best address everyone in full presence.

**About this registration form:**

• The following information is strictly for the confidential use of Retreat Facilitators

• Please answer these questions fully to enable the Facilitators to guide your retreat appropriately.

• Disclosure of any physical/psychological history will not necessarily

prevent you from undertaking a retreat. However, your honesty is important as any failure to provide accurate answers in this registration to the forthcoming questions could result in dismissal from or at the Retreat.

• In compliance with new European GDPR regulations, this form will be destroyed at the end of your retreat.

**GENERAL DETAILS:**

Name:

Gender:

Date, time & Place of Birth (Optional for astrology/soul truth numerology map):

Address:

Phone number:

Email address:

Emergency contact (please gives name and telephone number):

**FULL BOARD RESIDENTIAL ACCOMMODATION:**

Do you have any special needs that we should be aware of? For example: Allergies, disabilities, or medical conditions...

Our Retreat offers vegetarian meals as standard. Please state if you have any dietary requirements (which we will try to accommodate).

**YOUR PHYSICAL & PSYCHOLOGICAL HISTORY:**

Do you have any history of physical illness or any disabilities, which may significantly affect your participation or sitting, standing or walking? Have you experienced any Covid-19 symptoms, been tested or treated for Covid-19 or been exposed to anyone with Covid-19?

Have you experienced - or been diagnosed with - any significant mental health issues e.g. disorders, depression, eating disorders, anxiety, drug/alcohol problems in the last three years?

Are you taking any medication for any physical or psychological Condition?

Are you are involved with mental health services and have a Community Psychiatric Nurse, Psychiatrist or Support Worker?

Do you have health insurance and if so can you list that here please:

Describe any present circumstances which might be placing you under additional stress or may significantly affect your experience of the retreat (e.g. Lawsuits, bereavement, redundancy, relationship breakdown etc):

**OTHER DETAILS:**

Are you attending the retreat with a friend or family member? If yes, please give their name. (NOTE: each person needs to submit their own application.)

How did you hear about the Retreat?

Why are you interested in attending this Retreat?

Have you attended a Retreat before and if so can you list your most recent one(s)?

Please describe a little about your former retreat experiences:

Please indicate any other meditation, yoga, movement, or healing practices you have been involved with:

Is there any additional information you would like to convey to the Facilitators?

How would you like to be communicated with: Text or Email?

Please understand in respect to Covid-19 health & safety requirements, you will be asked to sign an additional waiver of liability in respect to your health on arrival at the retreat site. On arrival at Sli Na Bande, You will also be asked to sign the standard Retreat Waiver of Liability as is necessary at all retreats upon arrival.

Signed:

Date: