



Victoria Zen Centre

4970 Nagle Road RR#6

Sooke, BC

V9Z 1C7

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## Program Application

Please insert additional pages if required. All information will be kept confidential.

### General

Name: (first, middle, last): \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate (dd/mm/yy): \_\_\_\_\_

### Course

Name of course applied for: \_\_\_\_\_

Course start date (dd/mm/yy): \_\_\_\_\_

Program fees are non-refundable except in case of course cancellation, and are non-transferrable.

I will pay by:  Cash  Cheque  Credit card (via PayPal from the VZC website, [www.zenwest.ca](http://www.zenwest.ca))

### Health

Emergency contact person: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Zen practice can be physically and mentally challenging. We ask for the following health information to ensure the well being of participants, to assist if difficulties arise, and to identify any accommodations that may be needed.

NOTE: If we have any questions about the potential impact of a Victoria Zen Centre activity or Zen practice on your health we may ask to discuss them with you and your health care practitioner.

Do you have any of the following?

Asthma or other respiratory condition

Diabetes

Mental health issues

Blood pressure problems (high or low)

Epilepsy

(e.g., depression, anxiety)

Heart condition

Muscle pain

Hypoglycemia (low blood sugar)

Back pain

Clotting or bleeding disorder

Joint pain

Any other health concerns (list):

For any conditions indicated previously, please describe any past and current treatments (e.g., medication, herbs, acupuncture, surgery):

Do you have any allergies (e.g., food, bee stings, medication, animal fur, pollen)? If so please list substances you are allergic to, and describe what reactions happen (e.g., skin rash, breathing difficulties):

Do you have any special considerations regarding health issues (e.g., special diet), hearing, vision, or mobility that you have not already mentioned? If so please list:

## **Acknowledgment**

The Victoria Zen Centre (VZC) is a religious non-profit organization of limited financial means. It is made possible by the goodwill of practitioners and supporters.

I agree that the VZC shall not be liable for any personal injury or loss or damage to personal property that results from my participation in VZC programs or activities. I acknowledge that my participation is at my own risk.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_