



Spring Resurgence Retreat

Yoga Retreat Application Form. 9,10,11 & 12 November 2023

Please answer all questions, if they do not apply, please use N/A

Given Name:	Surname:	Gender:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email:

Phone Number:

Date of Birth:

 / /

If Under 18 please supply Parental permission.

Name or Parent or Guardian if under 18

Signature or Parent or Guardian:

Days Attending:

28 April	29 April	30 April	All Days
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Activity level:

 Very Active / Active / Sometimes Active / Almost Never Active

Existing Injuries:

Previous Injuries

Previous Broken Bones:

Allergies:
Currently pregnant: If yes which trimester.
Medical Conditions: Low Blood Pressure High Blood Pressure Glaucoma Asthma Jaundice Arthritis Heart Disease IBS Other (please specify)
Private Health Cover Y/N If yes name of insurer
Have you participated in yoga? No Never Once or twice Occasionally Regular practice
Do you have a preferred medical practitioner?



Michael Symon Yoga

michael.symon@me.com

Phone: 0407752987

ABN:36778293455

Contact Number:
Emergency Contact: relationship/
Phone number:

Please tick all that apply: note \$10 per day is required for dietary requirements

Dietary requirements	Gluten Free	Vegetarian	Vegan	Dairy Free	Nuts or Seeds	Other; Please specify
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Bedding Please select (NB) Rooms are single rooms bathrooms are shared, own toiletries and towel are required.

No, I will bring my own	Yes, please supply additional \$20	No, I am a day participant
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Mobile Device Policy:

Mobile devices including but not limited to: smart watches, smart phones, tablets and laptops are to be on silent at all times, unless otherwise discussed with staff. Mobile devices should not be on your person during any classes while on retreat unless otherwise discussed with staff. (I.E Glucose Monitoring)

I Understand that I am participating in a yoga retreat, and we will be participating in physical activity. I acknowledge that I will inform the instructors of any prior injuries or medical conditions that may impact my ability to take part. I will alert the instructor of any issues or limitations that arise during practice. I will seek to change or modify positions that cause discomfort or pain. I understand that if I do not notify the instructors of any issues, I do so at my own risk. I acknowledge that the information contained above is true and correct as of the date signed on this form and will alert the instructor to any changes that occur after this date that may impact my participation. I will also adhere to all directions related to health and safety including Covid19 hygiene practices.

I also acknowledge that Pallotti College & Michael Symon Yoga , their entities and directors take no responsibility for personal belongings. All personal belongings are the responsibility of their owner.

Name:
Signature:
Date: ____ / ____ / ____

Please note: Acknowledge the payment and cancellation policy and conditions separately.

Payment: Please select

Visa / Mastercard/ PayPal @MichaelSymon / Bank Transfer. BSB :013410 Account Number: 318697872 (Michael Symon)

Payment made on or before 1 October 2023 full cost is \$890.00, early bird pricing is not available from 11 March 2023 full cost is \$1050.00. Bedding supplied is an additional \$20.00 payable upon payment of the full fee; dietary requirements as described above are charged by Pallotti College at \$10.00 per day payable in advance with your retreat fee.

Unfortunately we do not accept credit card payments. However you can pay by credit card through PayPal.



Michael Symon Yoga

michael.symon@me.com

Phone: 0407752987

ABN:36778293455

I understand that if I cancel within 48hours after; 25 April 2023, that I may not be eligible for a refund. If I cancel due to a medical condition a doctor's certificate will be required for a refund. If I cancel due to a Covid19 infection, I will supply a photo of the Rapid Antigen Test (RAT)

I acknowledge that if I cancel on 28 April 2023, I will not receive a refund.

If you need to cancel but have a person who is available to take your space, transfer is available upon request. A retreat application form will also be required.

Name:	Signature:	Date:
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Pallotti College 2023 Yoga Retreat Privacy Policy

Please note that the retreat follows the requirements under the Australian Privacy act 1988.

Information contained in this form is not shared or sold to any other entity, without the express permission of the applicant/guardian. Information is stored for the purposes of participant health and safety and may be shared with medical practitioners, emergency first responders or hospital staff as deemed necessary. No access to personal information will be made available to any person who does not have genuine need to do so such as the above. Any breach of personal information by a third party will be treated in the strictest possible terms and may be reported to authorities.