Application for Anapana Meditation Course

Submit by Email

or save and email to childrens-courses@vaddhana.dhamma.org

☐ **Children's 1-Day/2-Day** **(for ages 8-12 or 8-15 years)**

☐ **Teens' 1-Day/2-Day** **(for ages 13-15 or 13-17years)**

Date _____

Location _____

Student Information

First Name _____

Last Name _____

Grade _____

Age _____

Birth Date _____

Gender ☐ M ☐ F

Do you speak English well? ☐ Yes ☐ No

Parent/Guardian Information

Name _____

Email _____

Cell Phone _____

Home Phone _____

Street Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Other Information (the rest of this form must be completed by the student attending the course)

Have you ever been to a Children's or Teens' Anapana Meditation Course with Mr. S. N. Goenka or any of his Children's Course Teachers before? ☐ Yes ☐ No

If yes, how many? _____ When & where was your last course? _____

Have you learned any other types of meditation? ☐ Yes ☐ No

Do you ever meditate at home? ☐ Yes ☐ No

Do you want to come to this course? ☐ Yes ☐ No

Have you read the Sample Schedule? ☐ Yes ☐ No

Have you read the Code of Conduct? ☐ Yes ☐ No

How did you hear about this course? _____

Why are you coming to this course? _____

Please write a little bit about yourself and what you like to do: _____

Do you agree to follow the Code of Conduct while you are at the meditation course? ☐ **Yes** ☐ **No**

Your Signature _____ Today's Date _____

Parent/Guardian Permission for Children's / Teen's Course

Date: _____ Location: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Parents, guardians, or other adults who have completed a ten-day Vipassana course as taught by S.N. Goenka may volunteer to serve during the course. They must submit a Children's Course server's application and safety form which are available on the website.

Have you completed a ten-day Vipassana as taught by S.N Goenka? ☐ Yes ☐ No

Will you or another adult remain at the center for the duration of the course? ☐ Yes ☐ No

Name of adult accompanying child _____ Relationship to child _____

What are your child's strengths? _____

What are your child's challenges? _____

Does your child have any special learning needs or physical or mental health needs or behavior challenges? ☐ Yes ☐ No

Please explain _____

☐ **I have read the Parent/Guardian Information Sheet, Code of Conduct and Sample Timetable.**

I give permission for my child, _____, to attend this course.

Parent/Guardian signature _____ Date: _____

Release for Use of Photographic Images

Please choose **one** of the options below and click on the checkbox:

☐ I hereby authorize the Vipassana Meditation Center and each of its sister non-profit organizations that teach Vipassana meditation as taught by S. N Goenka to use photographic images of (name of student) _____ taken at the Children's or Teen's Meditation course for purposes of disseminating information about Vipassana meditation and/or Anapana meditation for children.

I understand that the images will not be used for commercial purposes, nor will they be sold or transferred to any other entity other than those mentioned above. I understand that these images may be used on flyers, brochures, displays, web pages and other informational media.

---------- OR ----------

☐ I prefer not to have any pictures of my child used on any flyers, brochures, displays, web pages, or other informational media.

Parent/Guardian signature _____ Date: _____

Medical Emergency Form – Page 1

CENTER STAFF :

THIS IS A 2 PAGE FORM
KEEP THIS FORM WITH YOU WHEN YOU GO TO THE DOCTOR OR HOSPITAL
NOTIFY THE PARENTS OR GUARDIANS IMMEDIATELY

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to the

Southern California Vipassana Center

(center name)

to provide all emergency medical treatments prescribed by a duly licensed physician (MD). This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signed: _____ Date: _____

Print Name Clearly: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Child's Information

Name _____

Gender (Male or Female) _____

Date of Birth _____

Child's Physician: _____

Physician's Phone _____

Child's Medical Number: _____

Other Persons Who May Be Called In An Emergency:

Name	Phone Numbers	Relationship to you
	Cell: Other:	
	Cell: Other:	
	Cell: Other:	

Medical Emergency Form – Page 2

ALLERGIES AND SENSITIVITIES

Does the child have a history of reactions or sicknesses following injection, oral administration or other exposure to of any of the following?

Circle Yes or No to each question.	Yes	No	If you checked yes, describe the reaction
A. Penicillin or other antibiotics	☐	☐	
B. Morphine, Codeine, Demerol or other narcotics	☐	☐	
C. Novacaine or other anesthetics	☐	☐	
D. Aspirin, Empiricin or other pain remedies	☐	☐	
E. Sulfa drugs	☐	☐	
F. Tetanus antitoxin or other serums	☐	☐	
G. Adhesive tape	☐	☐	
H. Latex	☐	☐	
I. Iodine or Merthiolate	☐	☐	
J. Any other drug or medication	☐	☐	
K. Any foods, such as: milk, nuts, etc.	☐	☐	

DRUGS TAKEN RECENTLY: Within the past six months my child has taken:

OTHER INFORMATION YOU WISH TO PROVIDE: