

PRIME LIFE EDUCATION

REGISTRATION FORM FOR “THE POWER(ADVANCED)” PROGRAM

- NOTE: 1. All columns are to be filled without blanks. In case anything is not applicable, write as N.A;
2. Tick / cross in the box wherever provided, as applicable

A. General information:

1. Name: _____
2. Name like to be called: _____
3. Age: _____
4. Gender: Male ☐ Female ☐
5. Marital Status: Married ☐ Unmarried ☐
6. Educational qualification: _____
7. Occupation: _____
8. Postal address: _____

9. Email ID (Optional): _____
10. Contact No.: Office _____ Home _____ Mobile: _____
11. Preferable time to contact over phone: _____
12. When did you enroll for the program: Date: _____
and in which event: _____
13. Date of the program for which enrolled: _____
14. Who introduced you to this program? _____
15. Mention the phone number of a responsible person to contact for
communication in case required when you are in the program: _____
16. The Program is conducted in English at present. Can you understand English? Yes ☐ No ☐
17. What made you to enroll for the program? _____

18. Is there any particular health issue you want to resolve by attending this program? Give Details: _____

B. Physical health related information

19. Is there any difficulty for you sitting long hours in the program: Yes ☐ No ☐
20. If yes to the above, do you need any special arrangements you need in the session: Yes ☐ No ☐
20. If yes mention what arrangements you need: _____

C. Your health and practices after The Power, Basic:

21. Mention a few new health practices you have incorporated after The Power, Basic Program:

22. What improvements you have brought in your health after The Power, Basic program:

23. Are you following the DHINACHARYA you learned in Basic Program? Yes ☐ No ☐

24. If yes to 23 mention the percentage you are practicing: _____

25. Have you stopped/reduced any prescription drugs after the power, basic program? Yes ☐ No ☐

26. If yes to 25, briefly give the details: _____

27. Is there any health issue that started after The Power, Basic program? Yes ☐ No ☐

28. If yes to 27, give details: _____

29. Have you attempted any method to balance for your Dosha? Yes ☐ No ☐

30. If yes to the above mention how you did and what was the result? _____

I am aware that I have to sit long hours in the program and I take responsibility of my health as no physician will be available in the program venue. In case of any difficulty, I will speak to the manager and take suitable steps.

Date

Signature

D. Information about Your Health Status

For understanding your health status give some more details:

31. Is there any change in your weight after the basic Program? Yes ☐ No ☐

32. If yes to 31, give details: _____

33. Have you started any weight reduction program after The Power, Basic Program? Yes ☐ No ☐

34. If yes to 33, give details: _____

35. Have you done colon cleaning after The Power, Basic program? Yes ☐ No ☐

36. If yes to the above, tick mark what method you followed?

- a. Parasite killing and magnesium powder ☐
- b. colon hydrotherapy ☐
- c. Enema ☐
- d. Colema board ☐

37. What is your experience after colon cleaning? _____

38. Are you suffering from any chronic pain in some part of body which bothers you much? Yes ☐ No ☐

39. If yes to 38, give details: _____

40. Are you balancing your pH regularly with baking soda? Yes ☐ No ☐

41. If yes to 40 mention the pH value and benefits you are experiencing: _____

42. Attach a copy of the blood test which you have done after The Power, Basic program.
(This will have all the parameters required as per the home work sheet given to you.)

E. Your present health practices :

43. Do you follow any regular practice to keep your health well? Yes ☐ No ☐

44. Incase yes to the above indicate what it is: _____

45. Are you practicing any of the following healing procedure on a regular basis? In case yes mark a tick in the box given therein:

- a. Quick relaxation ☐
- b. Deep healing ☐
- c. Healing in the lab ☐
- d. Healing with water ☐
- e. Sleep technique ☐

46. Give some details of benefits you got by practicing the above: _____

F. Mind Wellnes related information :

47. Did you had any mind health related (Psychiatric) issues like depression or other? Yes ☐ No ☐

48. If yes please indicate the type of issue in detail: _____

49. Are you under medication for the issue? Yes ☐ No ☐

50. In case yes to 49, mention the name of medicine and dose you are taking:-----

51. Is there anything else you want to communicate?

I take responsibility of my health as no physician will be available in the program venue. I will get my physician's permission in case required.

Date.

Signature

G. Confidentiality agreement :

I understand that the program may involve confidential matters of participants and I agree to keep all the matters in confidentiality. I also understand that the program does not involve any treatment, advice or prescription for any disease and therefore I am willing to participate in the program with a open mind to learn and update my health on my own responsibility.

Date.

Signature

H. Consent :

I have gone through and understood all the details in this form and requirements to participate in the program. In case anything is required to be communicated after submitting this form. I will contact the person concerned and clarify / communicate the same.

I also understand that the program does not advise / give any prescription for any illness/disease. I am willing to participate in the program on my own choice and get value.

Date :

Place :

Signature

(Note : Be informed that your participation to the program will be confirmed only after this form is cleared by the program director).