



**The Hindu Cultural Center**  
10530 Troy Lane N  
Maple Grove, MN 55311

**Jyoti Meditation Class – Registration Form**  
(Organized by HCC Minnesota & Science of Spirituality)

**Personal/Contact Information**

**Name:** \_\_\_\_\_  
LAST, FIRST MI

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Phone:** Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address:** \_\_\_\_\_

**Sex:** M / F (circle one)

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

***In case of emergency...***

**Primary Doctor:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Relevant Information**

Have you ever practiced meditation before? : Y | N (circle one)

If so, please describe the nature of your practice:

\_\_\_\_\_  
\_\_\_\_\_

To help us better serve you, please describe below what you hope to gain from practicing in meditation:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ (initial) I release the Yoga and Meditation Center of the Hindu Cultural Center and its volunteers and will not hold them liable for any injuries and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in any class or activity.

I hear by declare myself physically and mentally sound and capable of participation in those activities, programs, and classes.

I also grant my approval to the organizers for using my contact information for informing me about similar events.

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