



Life Yessence Academy (LiYA) USA

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Joyful Living Program (JLP) Batch #:

Mr. / Ms: _____

Last _____ First _____ Middle _____

Date of Birth: _____ Age: _____ Yrs. Marital Status: Single [] Married []

Telephone (Cell) (_____) _____ Telephone (Home) (_____) _____

Email Address: _____

Home Address:

Street _____ City _____ State _____ Zip: _____

Occupation: _____ Education _____

1. How did you come to know about JLP? _____
 OR
 Name of the person who introduced JLP to you? _____

2. Generally how do you feel? Worried/ Tense/ Depressed / angry / Other _____

3. Why do you want to undergo JLP? (Be specific about the benefits that you would like to derive from JLP)

4. Do you have any medical condition or ailment? Please describe _____

5. Are you taking any medication for your health condition or otherwise Yes [] No []

If yes please specify _____

6. Are you currently undergoing therapy for Depression/ Manic Depression Etc? Please specify _____

7. Are you now pregnant? (Female participants) Yes [] No []

8. Have you undergone any surgery in past six months, or planning a surgery in next 6 months? Please describe

9. Have you ever been initiated (given Mantra by a Guru) for any other form of meditation? Please describe

10. Do you know the dates, times, and the locations for the class for which you have registered? Yes [] No []

11. Are these dates and times fully available for you and workable, to be in the class? Yes [] No []

12. Are you committed to follow all the instructions given by the instructor and complete the class? Yes [] No []

Blood Pressure Record. (Please enter your latest records) – For participants with medical conditions

Date: _____ Time: _____ Systolic: _____ Diastolic: _____ Pulse: _____

Date: _____ Time: _____ Systolic: _____ Diastolic: _____ Pulse: _____

I furnish the above information voluntarily in requesting instruction from the **Life Yessence Academy (LiYA) USA (“LiYA USA”)** authorized teacher trained by **Poojya Guruji Sri Rishi Prabhakar**. I wish to begin the unique practice of **Joyful Living Program (JLP)** to further my own personal development. I realize the importance of experiences in **Joyful Living Program (JLP)** practice and its effects in my daily life.

I understand that this is an intensive training program. I will attend and actively participate in all sessions. I understand that this class requires my time commitment and it is my choice to do this class.

I agree that all instructions in **Joyful Living Program (JLP)** are for my personal use only. I further agree that I will not in any way attempt to instruct, or impart the technique of **Joyful Living Program (JLP)** to anyone unless I become a qualified teacher trained and certified by **LiYA USA**.

I understand that this teaching is very subtle and delicate and that it requires guidance from an expert teacher. I shall earnestly practice the teaching in my life and support my teachers to keep a high level of harmony in my community.

I will not hold **LiYA USA** legally or otherwise responsible for any particular results from the training.

Participant’s Signature: _____ Date: _____

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(To be filled by us)

Instructor’s Signature: _____ Date: _____

Initiator's Signature: _____ Date: _____

Batch #

Date:/.../.....
MM/DD/20YY

Location:

“Life is wonderful if you only know how to live!”Guruji Rishi Prabhakar

It is our great honor and pleasure to share the Joyful Living Program with you. You are invited with much warmth and enthusiasm to capture the best of life.LiYA USA family.