

Retreat Registration

Thanks so much for booking a retreat with us. These details help us with our planning, safety and to provide the best experience for our group. All personal information is held in confidence.

Personal Information

Name:	City/Town:	Age:
Cell Phone #:	Email Address:	
Emergency Contact:	Emergency Contact #:	Relationship:

How did you hear about this retreat (or who referred you?)

What are you **most hoping to gain** from attending this retreat time with us? List 1-3 things.

Health, Allergies & Needs

Do you have any food allergies or intolerances? If yes, please list.

Any other allergies?

What do we need to know about you health-wise? Do you have significant physical or emotional health challenges (including mobility)? Any medical or mental health diagnosis?

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Help us get to know you.

What are some of your current roles in life? (home-maker, manager, volunteer, parent, caregiver, first responder, self-employed (at what?).

Some retreats include movement (somatic movement, basic yoga, bodymind ballwork, play) What types of physical activity do you enjoy regularly? Any mobility challenges (stairs, getting up off floor)?

It's normal for emotional material to surface during retreats. What aspects of your life are contributing most to your stress or feel most challenging currently?

What else would you like us to know about you?

Waiver & Assumption of Risk;

My signature below indicates that I am participating in the activities of the retreat at my own risk. This includes and is not limited to transportation, food, movement, breathwork, injury, and loss of work. I know I can make choices and/or modifications to all activities and will notify hosts immediately if something appears unsafe. I waive any and all liability towards Joy Onyschak, Joy Somatics and her retreat co-host(s).

Signature:

Date:

Want to be added to **JoySomatics Newsletter** for future events & offerings? Yes Not Now

Admin:

Deposit paid:

Details:

Balance owed

Balance paid: