



**Toronto Zen Centre**  
 33 High Park Gardens  
 Toronto, ON M6R 1S8

**APPLICATION FOR \_\_\_\_\_ 20\_\_ CANOE SESSHIN**

**ANSWER ALL QUESTIONS**

*Applicants should bear in mind that sesshin is an intense training period. All participants must be at both the closing and opening ceremonies of sesshin. Unless an emergency has arisen, refunds for cancellations will be made only during the first week after the application deadline.*

**DO NOT APPLY TO SESSHIN IF YOU KNOW OF CIRCUMSTANCES THAT MIGHT REQUIRE YOU TO LEAVE EARLY. IF SUCH A SITUATION ARISES AFTER SUBMITTING YOUR APPLICATION, CONTACT THE CENTRE IMMEDIATELY.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a member of the Toronto, Vermont, or Costa Rica Zen Center? \_\_\_\_ or a non-member \_\_\_\_?

Have you, in a formal ceremony, become a student of Sensei Henderson \_\_\_\_, Sensei Graef \_\_\_\_, or any other teacher? (Give name.) \_\_\_\_\_ Is this your **first sesshin** with Sensei? \_\_\_\_\_

Have you attended any sesshins in the last 12 months **other than** those conducted by Sensei Henderson or Sensei Graef? (List location, length of sesshins, and who conducted them.) \_\_\_\_\_

**PAYMENT:** Please see page 3.

**ACCEPTANCES:** Please contact the Centre after the sesshin deadline, or check the roster in the office to see if you have been accepted for sesshin. **Late applicants are automatically put on the waiting list.**

## MEDICAL INFORMATION

*Please print clearly or type.*

Please answer questions in detail, whether or not you have done so for a previous session. If necessary, use an additional sheet of paper and staple it to this application. Please put the question number in front of your answer. The purpose of this medical information is to help determine whether attendance at the session will in any way aggravate a serious physical condition, endanger a participant's health, or affect the smooth running of session. For this reason it is extremely important that all information be current, specific and clearly stated, with regard to both active and inactive conditions. This medical information is solely for the teacher and monitors and will be kept confidential.

1. Are you currently, or have you been in the last three months, under a doctor's care or taken medication under any doctor's prescription? \_\_\_\_\_ If so, please specify in detail the diagnosis, nature of treatment, type of medication, how long the medication was used, and date of last visit to doctor.
2. Are you having any professional treatment for your back, neck or legs? \_\_\_\_\_ If so, when did the problem(s) start? \_\_\_\_\_ Is this condition affecting you now? \_\_\_\_\_ Please specify in detail.
3. Do you have an arthritic, rheumatic or neuralgic condition? \_\_\_\_\_ Explain in full.
4. Within the last ten years, have you had psychotherapy for three months or longer? \_\_\_\_\_ If yes, please state when difficulties began, how long continued, nature of problem, diagnosis, treatment, and results.
5. Do you now have or have you ever had high or low blood pressure? \_\_\_\_\_ If yes to either, please explain and specify if there are any side effects involved.
6. Do you have a heart condition? \_\_\_\_\_ If so, please state the nature and extent of the problem.
7. Have you ever had any major operations? \_\_\_\_\_ If so, please state their nature and date of occurrence.
8. Do you have any internal organs missing? \_\_\_\_\_ If yes, please explain.
9. Do you have any dietary restrictions or need for extra supplements which would have to be taken into account during session? \_\_\_\_\_
10. Do you have allergies to food or to anything else? \_\_\_\_\_ Please specify.
11. Please give any other information bearing on your physical or mental condition. ***NOTE: Do not neglect to mention any recent or current infections, communicable diseases, headaches, pregnancy, or abnormal conditions such as prolonged menstruation.***
12. Are any of the above conditions aggravated under stress? \_\_\_\_\_

If you have answered yes to any of the above, please state whether the condition will affect your session participation. \_\_\_\_\_

**IF AFTER SUBMITTING THIS APPLICATION ANY OF THE ABOVE MEDICAL CONDITIONS ARISE,  
BE CERTAIN TO NOTIFY THE CENTER IMMEDIATELY.**

**PAYMENT:** There is a \$50.00 late fee for applications submitted after the deadline. Check the quarterly calendars or the websites for sesshin deadline dates.

I have enclosed the following (*please check one*):

- \$105.00 3-Day Toronto Sesshin
- \$140.00 4-Day Toronto Sesshin
- \$175.00 5-Day Toronto Sesshin
- \$245.00 7-Day Toronto Sesshin

***An additional fee will apply after sesshin based on equipment expenses, rentals, etc.***

**ATTACH CHEQUE HERE FOR SESSHINS IN TORONTO ONLY**

**RELEASE AND INDEMNITY (PLEASE READ CAREFULLY)**

As a condition of participation in Canoe Sesshin, I agree to: **RELEASE, HOLD HARMLESS, and INDEMNIFY** the Toronto Zen Centre, its directors, officers, employees and agents, from and against all claims, actions, costs, expenses and demands with respect to death, injury, loss or damage to my person or property, wheresoever and howsoever caused, arising out of, or in connection with, my taking part in the Sesshin and notwithstanding that the same may have been contributed to or occasioned by any act or failure to act (including, without limitation, negligence) of the Toronto Zen Centre, its directors, officers, employees or agents.

I agree that this Release shall bind my heirs, executors, administrators and assigns. I have read this Release and understand it.

If accepted, I agree to finish the entire sesshin.

Signed \_\_\_\_\_ Date \_\_\_\_\_