

# ENDLESS PATH ZENDO SESSHIN APPLICATION

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APPLICATION FORM for \_\_\_\_\_  
[Fill in sesshin date]

## PLEASE ANSWER ALL QUESTIONS

I am applying to attend:  Full time       Part time

If Part Time, which days? \_\_\_\_\_

Do you plan to attend dokusan? (During sesshin dokusan is available to both members and non-members.)  Yes       No

**All participants should be at the opening ceremony of sesshin. Unless an emergency has arisen, refunds for cancellations will be made only during the first week after the application deadline.**

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

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone (home) \_\_\_\_\_ E-mail \_\_\_\_\_

**PAYMENT:** Please see page 3.

**ACCEPTANCES:** You will be notified of your acceptance by email once your application and payment have been received.

**CLOTHING:** Please wear dark, solid-colored, loose fitting, comfortable clothing.

**SPECIAL SEATING REQUIREMENTS:**

- I request a chair for zazen
- I am allergic to incense and request a seat away from the altar.

**MEDICAL INFORMATION:** Please answer all questions on the next page and give detailed information where needed.

The purpose of this medical information is to help determine whether attendance at sesshin will in any way aggravate a serious existing condition, endanger a participant's health, or affect the smooth running of sesshin. For this reason, it is extremely important that all information be current, specific, truthful, and clearly stated with regard to both active and inactive conditions. This information is solely for the use of the teacher and will be kept confidential.

## MEDICAL INFORMATION

*Please print clearly or type.*

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 sesshin?\_\_\_\_\_
10. Do you have allergies to food, medication, or 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 sesshin participation.\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact's phone number including area code \_\_\_\_\_

Please provide the following phone number to your emergency contact person so you can be contacted in case of emergency: **585-721-8284**. During sesshin, this number will be checked regularly for messages.

**PAYMENT**

**Member rate:**

- \$35 (1day)
- \$70 (2 days)
- \$105 (3 days)
- \$140 (4 days)

**Non-member rate:**

- \$45 (1day)
- \$90 (2 days)
- \$135 (3 days)
- \$180 (4 days)

**Please either mail your application and payment to Endless Path Zendo or bring it in person.**

If accepted, I agree to finish the entire sesshin or the part to which I have applied. I will not hold Endless Path Zendo responsible for any sickness or accident that might occur during sesshin.

Signed \_\_\_\_\_

Date \_\_\_\_\_

<p><b>For Office Use Only</b></p>
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**Endless Path Zendo | 56 Brighton Street | Rochester, NY 14607 | 585-442-2826**