



Rochester Zen Center
 7 Arnold Park, Rochester, NY 14607
 Telephone 585-473-9180; facsimile 585-473-6846

Office Use Only

Paid: _____
 Check#: _____
 Date: _____
 Initials: _____

Application for Sesshin:									
Beginning: ___/___/20___ Ending: ___/___/20___ Location : _____									
Full Time: _____ days	If Part Time, check the sections you wish to attend: <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Section 1 (4:45am – 7:00am)</td> <td><input type="checkbox"/> Opening Ceremony</td> </tr> <tr> <td><input type="checkbox"/> Section 2 (9:30am – 12:30pm)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Section 3 (1:30pm – 3:45pm)</td> <td>or 5:00 pm)</td> </tr> <tr> <td><input type="checkbox"/> Section 4 (7:00pm – 9:30pm)</td> <td><input type="checkbox"/> Closing Ceremony</td> </tr> </table>	<input type="checkbox"/> Section 1 (4:45am – 7:00am)	<input type="checkbox"/> Opening Ceremony	<input type="checkbox"/> Section 2 (9:30am – 12:30pm)		<input type="checkbox"/> Section 3 (1:30pm – 3:45pm)	or 5:00 pm)	<input type="checkbox"/> Section 4 (7:00pm – 9:30pm)	<input type="checkbox"/> Closing Ceremony
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Personal Information:	
Name: _____ Street: _____ City: _____ State: _____ Country: _____ Postal Code: _____ Check here if this is a new address: <input type="checkbox"/> Date of Birth : ___/___/___ Current Occupation: _____	Home Phone: (____) _____ Work Phone: (____) _____ Email: _____ Emergency Contact: Name: _____ Relationship: _____ Home Phone: (____) _____ Work Phone: (____) _____

RZC Membership Status (check one)
Non-Member <input type="checkbox"/> Member <input type="checkbox"/> Length of Membership: _____

Formal Student Information:
Have you, in a formal ceremony, become the student of a Zen teacher? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Teacher's Name(s): _____ Has Sensei Kjolhede accepted you as a student, but you await the ceremony? Yes <input type="checkbox"/> No <input type="checkbox"/>

Sesshin Experience:																												
Have you ever attended a sesshin? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list sesshin attended in the last 12 months (or the last sesshin you attended): <table style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Sesshin Month/Year</u></th> <th style="text-align: left;"><u>Location</u></th> <th style="text-align: left;"><u>Conducted By</u></th> <th style="text-align: left;"><u>No. Days</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>If you have applied for an RZC sesshin in the last 12 months but were not accepted, please list below:</p> <table style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Sesshin Month/Year</u></th> <th style="text-align: left;"><u>Location</u></th> <th style="text-align: left;"><u>Conducted By</u></th> <th style="text-align: left;"><u>No. Days</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Sesshin Month/Year</u>	<u>Location</u>	<u>Conducted By</u>	<u>No. Days</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<u>Sesshin Month/Year</u>	<u>Location</u>	<u>Conducted By</u>	<u>No. Days</u>	_____	_____	_____	_____
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Along with your completed application, please enclose the following:																							
1. The sesshin fee IN FULL: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black;">Full-time participants:</td> <td style="border-right: 1px solid black; text-align: center;">Member</td> <td style="text-align: center;">Non-Member</td> </tr> <tr> <td style="border-right: 1px solid black;">Per day</td> <td style="border-right: 1px solid black; text-align: center;">\$ 40.00</td> <td style="text-align: center;">\$ 55.00</td> </tr> <tr> <td style="border-right: 1px solid black;">2-day sesshin</td> <td style="border-right: 1px solid black; text-align: center;">\$ 80.00</td> <td style="text-align: center;">\$ 110.00</td> </tr> <tr> <td style="border-right: 1px solid black;">4-day sesshin</td> <td style="border-right: 1px solid black; text-align: center;">\$ 160.00</td> <td style="text-align: center;">\$ 220.00</td> </tr> <tr> <td style="border-right: 1px solid black;">7-day sesshin</td> <td style="border-right: 1px solid black; text-align: center;">\$ 280.00</td> <td style="text-align: center;">\$ 385.00</td> </tr> <tr> <td style="border-right: 1px solid black;">Part-time participants:</td> <td></td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">Per section/day</td> <td style="border-right: 1px solid black; text-align: center;">\$12.00</td> <td></td> </tr> </table>	Full-time participants:	Member	Non-Member	Per day	\$ 40.00	\$ 55.00	2-day sesshin	\$ 80.00	\$ 110.00	4-day sesshin	\$ 160.00	\$ 220.00	7-day sesshin	\$ 280.00	\$ 385.00	Part-time participants:			Per section/day	\$12.00		2. A current photograph , unless one has been sent within the last 5 years. The purpose of this is to help the teacher, monitors, and RZC staff identify you.	ATTACH CURRENT PHOTO HERE
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Note: At sesshins not led by Bodhin-sensei, participants are invited to make a monetary offering (dana) to the sesshin leader at the end of sesshin.

Medical Information:

Please answer the questions below **in detail**, regardless of whether you have done so for a previous sesshin. **If necessary, use a securely attached additional sheet of paper, putting the question number in front of each answer.**

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

1. Please list any medical conditions you have that require regular care or medication (include pregnancy, current infections, high or low blood pressure, communicable diseases or chronic headaches):	Medical Condition:	Medication (if applicable):
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____

2. Please list any hospitalizations or major surgeries you have had in the past five years, and any major organs you may have missing:	Hospitalizations/Surgeries:	Organs Missing:
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____

3. Describe any significant problems you are having with your back or legs:

Due to this condition, I need to sit in a chair: Full Time: _____ Part Time: _____

4. If you have experienced dizziness, fainting, palpitations, or shortness of breath during sitting, please describe the nature of the problem:

5. List any dietary restrictions/requirements or food allergies that might affect your sesshin, and give some indication of their seriousness (for example, briefly describe the medical condition diagnosed or the nature of your reaction to the food):

Note: if you have a serious food allergy, please also contact the Head Cook directly.

6. Describe any other allergies (including drugs):

7. Are you in psychotherapy at this time?

Please complete the following if this is your first sesshin with RZC, or if the information has changed since you last answered these questions:

8. Have you ever had counseling or psychotherapy? Or been hospitalized for serious emotional problems? If yes, for how long, for what reason, and what was the outcome? Please also give details of serious psychological problems or crises for which you were not treated.

9. Have you ever attempted to take your own life?

PLEASE NOTIFY THE HEAD MONITOR OF ANY MEDICAL OR OTHER CONDITIONS THAT ARISE AFTER YOU HAVE SUBMITTED THIS APPLICATION.

If there are any pressing circumstances, such as difficulty arranging time off from work, that would prevent you from applying to another upcoming sesshin, please explain below:

By signing this application, I agree as follows:

- (1) I will finish the entire sesshin or portion of sesshin for which I have applied.
- (2) **WAIVER OF LIABILITY:** I understand that sesshin is a period of strenuous traditional Zen training involving some 10 hours of formal meditation per day during which participants may be frequently struck with the kyosaku (encouragement stick). In accordance with this understanding and in consideration for the Center's accepting me to sesshin, I agree that neither the Rochester Zen Center nor any of its employees, officers, trustees, or trainees – nor any person acting as sesshin monitor or otherwise supervising, overseeing, or conducting any aspect of sesshin – shall be liable to me or to any other person for any loss or injury suffered by me in connection with my participation in sesshin, whether or not such loss or injury is caused by any act or omission of the Center or of any of the persons specified above.

Signature: _____ **Date:** _____