



Application for 200-Hr Yoga Teacher Training



Contact Information

Name: _____
 Address: _____
 City _____ Postal Code _____
 Phone: _____
 Alt. Phone: _____
 Email: _____
 Date of Birth _____

Emergency Contact Information

Name: _____
 Address: _____
 Phone: _____
 Relationship _____

Registration & Health Information (if necessary, please use back of sheet)

1. How long have you practiced yoga? _____
2. Which style(s): _____
3. Describe your yoga practice:
4. What is your interest in practicing Yoga:
 *not taking the teacher training, that's a different question

_____ Stress Management	_____ Mental Clarity
_____ Spiritual Growth	_____ Overall Well-Being
_____ Confidence	_____ Flexibility
_____ Weight Management	_____ Strength
_____ Other Reasons: please indicate _____	
_____ Managing a particular illness: please indicate _____	

Additional details:



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5. Have you any of the following:

- | | |
|---|---|
| <p>_____ Low Blood Pressure</p> <p>_____ Dizzy Spells / Fainting</p> <p>_____ Neck / Back / Spine Injury</p> <p>_____ Respiratory Problems</p> <p>_____ Digestive Problems</p> <p>_____ Joint Injury (ankle, knee, hip, elbow, shoulder)</p> <p>_____ Muscular Injury</p> <p>_____ Depression</p> <p>_____ Other: please indicate _____</p> | <p>_____ High Blood Pressure</p> <p>_____ Headache / Migraine</p> <p>_____ Seizures</p> <p>_____ Heart / Circulatory Problems</p> <p>_____ Diabetes</p> |
|---|---|

- | | |
|--|----------|
| ▶ Did you consult a physician prior to applying for this yoga program? | Yes / No |
| ▶ Are you under medical treatment for any physical or psychological condition? | Yes / No |
| ▶ Are you currently pregnant or trying to get pregnant? | Yes / No |
| ▶ Have you ever been hospitalized for a psychiatric condition? | Yes / No |
| ▶ Do you have any chronic pain, physical limitations, or disabilities? | Yes / No |
| ▶ Have you had a serious illness or major surgery within the last five years? | Yes / No |
| ▶ Do you have a communicable disease? | Yes / No |
| ▶ Are you in recovery from an addiction? | Yes / No |
| ▶ Have you ever been in a treatment program for alcohol or substance abuse? | Yes / No |

6. Please list all allergies (food, medications, environmental, etc):

7. Please list all medications (prescription, homeopathics, etc):

8. Why do you want to take Yoga Teacher Training?

**Please use the back of the sheet to elaborate.



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Waiver

Asana translates to “yoga posture held with ease”. This is what we are working towards during practice.

It is of the utmost importance to listen to your body, and how far it can safely go in the practices on any given day, remembering that each day is different.

I, _____, recognize that:

***please read and initial by each checkbox to acknowledge that you have read and understood the waiver items

- I am over 18 years of age;
- I am responsible for notifying the facilitator of all illnesses and all injuries before every yoga class;
- I am aware that I should not perform any practice to the extent of strain or pain, and if at any time I feel pain I will move out of the pose or practice;
- I am responsible for monitoring and maintaining my own personal wellness;
- I am aware that it is recommended that I consult a physician prior to beginning any physical activity program, including yoga;
- I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages - to person or property - resulting from my participation in this course;
- I am responsible for asking questions and getting clarification if there is anything I do not understand.
- I understand that by paying the \$1000.00 CND deposit, a seat is being held for me in the SUMMER / FALL class (14 spots available per session – please circle the session you are applying for). If I do not pay the deposit, no seat is held for me and my application will be returned.
- I understand that once the course begins, tuition payments are non-refundable.
- I acknowledge that if this form is in anyway incomplete, my registration will not be accepted and my application will be returned.

Participant Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____



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Deposit Details

I, _____, am registering for the 200-Hr Yoga Teacher Training through Janati Yoga School in Kingston Ontario. I understand that the cost of this program is **\$ 3500.00 CND**.

I choose to pay my **deposit of \$1000.00 CND** by the following method:

Payment Type	<input type="checkbox"/> Money Order (enclosed)
	<input type="checkbox"/> Certified Cheque (enclosed)
	<input type="checkbox"/> Credit Card (continue below)
If by Credit Card	<input type="checkbox"/> VISA
	<input type="checkbox"/> MasterCard
Card Number	_____
Expiry Date	_____ 3 digit security code _____
Name on card	_____

Signature: _____

Date: _____

Cancellation Policy

Please read and initial by each checkbox to acknowledge that you have read and understood the cancellation policy.

- If I choose to cancel out of the program 6 weeks before the start date, I am eligible to receive 50% of the deposit back. I understand that I must submit this request in writing, with the letter being received 6 weeks before the program start date;
- If I choose to cancel out of the program less than 6 weeks before the program start date, no deposit refund is available to me; and
- If I choose to cancel out of the program once it has begun, I still owe the remainder of the tuition, as my seat (1 of only 14) cannot be filled by someone else once the program has begun.

Signature: _____

Date: _____