200-hr Mindful Movement – Hatha Yoga Teacher Training

Registration Agreement Yoga Source Coral Springs

Please complete and sign this application. You can email it to yoginiruth@gmail.com, fax it to 754 229 4500, or arrange a meeting to give it to Ruth Sanders 954 604 9161. Checks should be made out to Jenlis Inc.

Personal Information:

Name _____

Address _____

_____

Phone _____

E-mail address _____

Emergency Contact Name _____

Experience:

Number of years practicing yoga _____

Styles you have practiced _____

Who is your primary teacher? _____

Do you currently have a regular yoga practice? _____

Are you interested in teaching after graduation? _____

What is the most important thing for you to achieve in this training? _____

_____

_____

_____

Please list as reference at least one yoga teacher you have practiced with

_____

Is there anything else you would like to add?

_____

_____

_____

Health History

Do you have any injuries or other medical conditions that may need to be taken into account during the training? _____

_____

_____

Payment Information

Total due $2,995

Deposit (min $500.00) _____ Date paid _____

Balance Due _____ Date paid _____

$100 discount if paid in full prior to first meeting.

If you need to make payment arrangements please inquire. Initial deposit is nonrefundable but can be applied to future trainings. Payments must be made in cash or by check.

Payments Arrangements

_____

_____

_____ _____

Signature **Print Name**

Program Completion Requirements:

- Additional class attendance outside of the training – minimum of 1 per week. You will be responsible for keeping a log of these classes. Classes should be with a variety of teachers and yoga styles
- 3 yoga class observations. Make sure to get teachers permission and take notes. Do not practice with the class
- 2 written exams with a passing grade of 70%
- 100% attendance and participation. Absences will be made up on a case by case basis.
- All homework assignments completed
- Teacher Training Manual included
- Required reading materials included

Liability Agreement

I take full responsibility for my experience in the 200-hr Mindful Movement – Hatha Yoga Teacher Training (The Program) at Yoga Source Coral Springs. I understand this program may be challenging for me physically, emotionally, and spiritually. I agree to take care of myself at every level. I agree to contribute to a learning environment that is safe, respectful, and constructive for me, and everyone involved in this training.

I acknowledge the practice of yoga often involves exploring personal edges and limits. The Program is not responsible for any physical or psychological challenges I choose to explore throughout my educational process. The Program will not pay for or reimburse me for any physical or psychological treatment during or after The Program.

I recognize The Program staff cannot be responsible for attending to, or managing every student's individual needs. The Program intends to meet the needs of the group and therefore, at times, may not apply or align with my personal beliefs and limitations.

My attendance is mandatory in every session. I understand time can be made up, but the total number of hours must be met according to Yoga Alliance Standards. I am aware it is my full responsibility to alter, adjust or discontinue any experience that does not feel safe or appropriate to me. If I feel unsafe, I will communicate my discomfort to the trainers.

I will not hold The Program for any psychological or physical injury occurring before, during or after this training. I am of sound mind and body, capable of participating safely in this training. I fully accept any risk that I undertake in this Program.

Because we are looking for serious and committed students only, I understand there is a no refund policy for the deposit and tuition. All payments however can be applied to a future training.

By signing this agreement, I will abide by the terms of The Program and liability agreement. I understand that I must fulfill all the requirements of this course in order to receive my certificate.

Signature _____

Printed Name _____

Date _____