

YOGA TEACHER TRAINING

200-hour yoga alliance registered certification program
january – august 2009

200-HOUR TEACHER TRAINING APPLICATION

Today's Date (MM/DD/YY) _____

Personal Information (print clearly)

Name _____ Birth date ___/___/___

Phone (____) _____ Cell (____) _____ Email _____

Address _____ City _____ State _____ Zip _____

Occupation _____

Emergency Contact

Name

Phone

Relationship

Medical History

Please complete the medical history section so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1) How would you evaluate your current health?

- Excellent
- Good
- Fair
- Some challenges (briefly describe) _____

2) Do you suffer from any of the conditions below?

- Epilepsy
- Diabetes
- High-blood Pressure
- Pregnant, plan to become pregnant during the course of the training
- No, I do not suffer from the above conditions to my knowledge

3) Please list medications you are taking that were prescribed to you by a health care professional:

4) Is there anything else we should know about your medical history?

About You

1) How long have you been practicing yoga? _____

2) How many days per week do you practice yoga? _____

3) What style of yoga do you usually practice? _____

4) At which yoga studios do you currently practice? _____

5) Who have been your primary teachers? _____

6) Do you have a home practice? Yes No

7) Do you practice meditation and/or pranayama? Yes No

8) Do you practice inversions? Yes No

9) Do you practice Sun Salutations A & B? Yes No

10) Do your practice chaturanga/vinyasas? Yes No

11) Is this your first teacher training? Yes No
If no, please list prior training: _____

12) Are you currently teaching yoga? Yes No
If yes, for how many years? Where do you teach? _____

13) What area of yoga challenges you the most? (Please specify)

14) In your opinion, what qualities embody a good yoga teacher? Why?

15) Why do you want to take the Kansas Siddhi Yoga Teacher Training program? What specifically interests you?

16) Please list pertinent workshops, trainings, intensives and/or retreats:

17) How has yoga impacted your life?

18) What are your expectations for this training? What do you hope to achieve at the completion of the program?

19) Can you commit to the entire course? Being on time for every session? Yes No

If no, please explain: _____

CERTIFICATE OF COMPLETION: Upon successful completion of the entire course, you will be issued a certificate of completion. This is not awarded solely based on hours or subjects completed; it is also determined by the teacher's assessment of the student's grasp of concepts and materials presented.

Payment Information

A \$150 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. If you'd like to receive the discounted Early Registration rate, full payment is required by November 15, 2008. If you'd like to receive the Regular Registration rate, full payment is required by December 15, 2008.

I am paying by check. Please mail the check with your application to 1120 Main Street, Blue Springs, MO 64015

I am paying by credit card. Visa Mastercard

Credit Card # _____ Exp. Date _____

Name as it appears on the card:

Billing Address: _____

I hereby authorize the above payment of \$_____ Please initial: _____

I understand that if I fulfill all the requirements of the Kansas Siddhi Yoga Teacher Training, including all in-class hours, homework, quizzes and final exam, I will receive a certificate of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program.

I understand that if I am late for or miss a teacher training session, I will not receive credit for the session and am therefore ineligible to receive a certificate of completion which may be submitted for Yoga Alliance Registration.

I understand that Kansas Siddhi Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances, I understand I will not be refunded my tuition.

I understand that if I cancel my enrollment up to 7 days prior to the training, a full refund will be issued minus the deposit and the cost of any books or other materials ordered for me. I will receive any materials you have paid for, except for the training manual. For cancellations in the 7 days prior to the training, I will receive a credit at the studio for the full amount, minus the deposit and materials fees. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all Kansas Siddhi Yoga Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of Gina Caputo. Failure to comply may result in legal action.

I have read and accept the above terms and requirements: Yes No

Signed: _____

