



## Seaside Yoga Sanctuary

### Integral Awakening: 200hr Yoga Teacher Training & Advanced Studies

#### Registration Form: May-September, 2016

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_

Work Phone(\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

#### Tuition Plan:

\_\_\_ \$2200 paid in full by May 21, 2016

\_\_\_ \$2500: \$500 deposit, balance due in full by May 21, 2016

\_\_\_ \$2650: \$550 deposit (by May 1st) + 3 payments of \$700 (due by 6/1, 7/1 & 8/1)

\_\_\_ \$2800: \$600 deposit (by May 1<sup>st</sup>) + 4 payments of \$550 (due by 6/1, 7/1, 8/1 & 9/1)

**Cancellation Policy:** *If you cancel before April 30, 2016, your fee will be refunded, less a \$75 processing charge. If you cancel after April 30, 2016, your fee is non-refundable unless your space is filled. A minimum 5 student enrollment is required by May 1, 2016. Tuition will be refunded 100% if minimum is not met.*

**Release of Liability:** This is a legal document releasing our liability.

By signing this document you state that: (1) You assume all risk of injuries from participating in this 200hr Teacher Training & Advanced Studies Course. (2) You release Seaside Yoga Sanctuary, and their designated instructors from all liability arising out of your participation in the training course and yoga classes attended.

**Release of Liability:** In consideration for the opportunity to participate in services rendered by Seaside Yoga Sanctuary and their designated instructors, I (on behalf of myself, family, heirs, assigns and legal representatives) release Seaside Yoga Sanctuary and their designated instructors, from any liability whatsoever arising out of my participation in or presence in the 200 hr Teacher Training & Advanced Studies course.

**Medical Restrictions:** To the best of my knowledge, I have no physical or medical restrictions, that should prevent me from participating in the 200hr Teacher Training & Advanced Studies course.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed registration and yoga history form with deposit payable to Seaside Yoga Sanctuary to

Seaside Yoga Sanctuary Teacher Training

1360 Fremont Blvd, Seaside CA 93955

Seaside Yoga Sanctuary

Integral Awakening Yoga: 2015 200hr Teacher Training & Advanced Studies

Student Information

Current Occupation \_\_\_\_\_

Are you currently teaching yoga? \_\_\_\_\_

If yes, how long, what style and certification received \_\_\_\_\_

When did you begin practicing yoga? \_\_\_\_\_

What styles/traditions of yoga have you practiced?

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Have you taken classes at Seaside Yoga before? \_\_\_\_\_

If yes, for how long or how many classes? \_\_\_\_\_

Please attach a summary of your yoga background including:

How long and how often have you been practicing yoga?

What brought you to yoga?

Are you currently practicing?

Do you have a special area of interest in yoga? \_\_\_\_\_

Do you have a special area of interest in the training course? \_\_\_\_\_

Please attach a summary regarding your interest in the teacher training course that includes the following:

What brought you to this teacher training?

What do you hope to get out of this course?

Do you intend to teach or is this course to deepen your study & knowledge of yoga?

Are there any injuries or physical conditions that we should be aware of?

