

# 200 Hour International Yoga Teacher Training Application

Thank you for your interest in our 200 Hour International Yoga Teacher Training. Please read the Information Packet which outlines the expectations of each module of the program before completing the application process. If you have any questions, feel free to email shirley6yoga@gmail.com or call 1(306) 270-8638.

Application process:

 Review the Information Packet, including module expectations and training dates.

 Complete this Application Form and submit via email to shirley6yoga@gmail.com.  Pay $200 non-refundable application fee (will be applied toward tuition).

 Complete an interview – in-person, Skype, or Zoom preferred.

 Read and sign our Statement of Commitment and Waiver/Release form (will be provided following interview prior to Module 1 start date).

 Submit payment at least two weeks prior to Module 1 start date.

I am applying as a candidate for the following:

\_ \_ Inspirational Yoga Teacher (CYT) \_ \_ Christ-Centered Yoga Teacher (CCYT)

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Location preference for Yoga Camps:

\_ Phoenix, AZ \_ \_ Detroit, MI \_ \_ Saskatoon, SK Canada

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## Tuition:

The cost of tuition is $3525.00 CAN. A $200 non-refundable fee is due with your application, and will be applied toward tuition. Payments plans can be arranged with Training Division Leader.

An electronic version of the training manual is included in the cost of tuition. Printed training materials are provided for both Level 1 and Level 1-2 postures. Modules pertaining to postures consist of in-person Yoga Camps (refer to Information Packet). The cost of travel, meals, and the required reading materials are not included in the cost of tuition, and are the responsibility of the participant.

Please refer to the Statement of Commitment for payment information and cancellation/refund policy. If payment arrangements are needed, please email shirley6yoga@gmail.com.

# Application Form

Name Preferred Name

Address City, Prov., Postal Code

Email Address Best Phone

Emergency Contact/Relationship Emergency Contact Phone/Email

## Please answer the following questions as completely as possible. You may attach a separate page if needed.

How did you find out about our program? Your occupation: How long have you practiced yoga? What is the most rewarding aspect of your yoga practice? What is the most challenging aspect of your yoga practice? Describe yoga experience, styles practiced, and any previous training:

Describe any yoga or related teaching experience:

What do you plan to do with your certification?

Do you feel you have been called into a leadership role in your life? Explain.

Do you have any concerns about participating in the program?

Why have you chosen to do our program and/or what about our program appeals to you?

Please describe where you presently are in your faith walk/spiritual journey. Use separate page if needed.

Do you currently attend a church? If so, which one and what denomination is it (if any)?

## Health Information:

Please state any medical limitations or current medical treatments we should know about:

Have you experienced any of the following (check box if Yes)?

High blood pressure Diabetes

Heart conditions Respiratory conditions Bone or joint conditions

Retna problems or Glaucoma Back pain or injury Communicable disease Addiction

Diagnosed mental-health condition Seizures or strokes

Physical disability

Are you currently pregnant? Due date: Have you recently had a baby? Delivery date: Cleared for physical activity?

If you checked “Yes” for any of the above, please explain:

Do you have any other conditions that might limit your ability to fully participate in a yoga teacher training program? If “Yes”, please describe:

## Criminal Background:

Have you ever been convicted of a felony? Have you ever been incarcerated?

If you checked “Yes” for any of the above, please explain:

## Acknowledgement:

I certify that I am at least 18 years of age and am physically able to participate in a yoga teacher training program. I acknowledge that all information submitted in this application is true and accurate. I understand that incomplete or inaccurate information may result in my non- acceptance or dismissal from the program. I acknowledge that I have read the information packet, admissions criteria, and cancellation/refund policy.

Signature (please type if electronic) Date

Printed Name