



www.yogaonyork.net / 6711 YORK RD, BALTIMORE, MD 21212

Advanced Teacher Training 300-Hour Program

APPLICANT REGISTRATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact: _____

Phone: _____

EDUCATION

High School _____

College _____ Year Graduated _____

Occupation _____

YOGA EXPERIENCE

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN GET TO KNOW YOU BETTER. USE THE BACK OF THIS PAGE IF NECESSARY.

1. How did you hear about Yoga on York's Teacher Training Program?
2. Describe your current yoga practice and how long have you been practicing yoga:

3. Do you have a home practice? If so, what does it consist of (asana, pranayama, meditation?)

4. Where did you get your 200 hour certification? What part of the training was your favorite? Least favorite?

5. Describe why you are interested in teaching yoga and what particular aspects of the practice you enjoy the most– the physical postures, breath, meditation, service, philosophy, working with special populations, etc.?

6. Are you teaching now? If so, where? If not, what is your teaching experience (yoga or non-yoga related)?

7. List any limitations that affect your practice, physical or otherwise:

8. What are your desires or goals for the training?

9. What aspects or styles of yoga are you most interested in learning more about?

10. Anything else you feel is important for us to know?

TUITION AND PAYMENT INFORMATION

Tuition for the 300-hour Program is **\$2800**.
(Early Bird Discount 2 months prior to start date: \$2700)

Please submit a \$150 Application Fee (non-refundable) with this form to hold a spot in the program.

Full payment due prior or on the first day of class. Payment Plans available upon request.

Billing Information

Name (as appears on Credit Card) _____

Billing Address: _____

City, State, Zip _____

Phone _____

Credit Card # _____ Expires: _____ Code _____

DATES FOR PROGRAM

Dates for 2019-2020 TT
Check website to confirm fees and dates
as they may change

Aug. 18

Aug. 23 - 25

Sept. 13 - 15

Sept. 27 - 29

Oct. 18 -20

Nov. 8 - 10

Nov. 29 - Dec. 1

Jan. 10 – 12

Feb. 7-9

This course requires commitment of time and energy. Please clear your schedule to allow adequate time to digest the entire curriculum. You must complete all the scheduled hours in the training. YOY must approve any absences prior to the beginning of training. ALL missed hours must be made up. Arrangements can be made for illness and emergency. Final certification is at the discretion of instructor.

RELEASE AND WAIVER OF LIABILITY

1. I warrant that I am over 18 years of age, in good health, and have no physical or mental condition that would prevent me or render it inadvisable for me to participate in Yoga On York's 200-hour teacher's training program.
2. I hereby agree to release and discharge from any liability whatsoever, and waive any and all claims I may have against any person or entity involved with this program in any manner, including but not limited to Yoga On York, or to Jayne Bernasconi, as a result of any injury or damage, including death, sustained by me or to my property while participating in this program, whether caused by the negligence of any of the above named parties or others, and whether foreseen or unforeseen.
3. I understand that not all yoga exercises or practices are suitable for everyone and that participation in the suggested exercises and practices may result in injury. With the knowledge that any of these exercises and practices can result in injury, I hereby expressly assume all risks associated with participation in this program, including the risk of injury or damage resulting from performing any of these exercises and practices.
4. I further agree to indemnify and hold harmless any of the above named parties from any claim by or against me arising out of my participation in this program, including all of their attorney's fees and costs.

- 5. I understand that the instruction and advice presented in this program is not intended as a substitute for medical advice and counseling, and that one should consult a physician prior to the start of any new exercises or practices. I consent to and permit emergency treatment, medical or other wise, in the event of injury or illness. I further release all persons associated with this program in any manner from any claim whatsoever on account of treatment or service rendered to me during this program.
- 6. I understand that once the training begins, my tuition and deposit are to be paid in full and they are non-refundable should I, at any time, chose not to continue with the program. Tuition can be used towards a make up session during another training.
- 7. I understand that all materials included in the Yoga On York program, written, electronic are not to be copied, reproduced or distributed by any means without written permission of instructor and Yoga On York.

I understand and agree to the above.

Print Name _____

Signed: _____ Date: _____

Please email, mail or drop off application with registration fee.

Our mailing address is:

Yoga On York
c/o Jayne Bernasconi
6408 Sherwood Road
Baltimore, MD 21239