



[www.yogaonyork.net](http://www.yogaonyork.net)

## Teacher Training 200-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:

3. How long have you practiced yoga?

4. What style/s of yoga have you studied and for how long?

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. Do you have teaching experience in any discipline, related or unrelated to yoga?

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

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

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

## TUITION AND PAYMENT INFORMATION

**Tuition for the 200-hour Program: \$2299 by check (or \$2399 with credit card – additional \$100 for credit card fees)**

Please submit a \$50 Application Fee (non-refundable)

Full payment due prior or first day of class. Payment plans are available. Contact YOY to arrange a payment contract.

### **Billing Information**

Name (as appears on Credit Card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expires: \_\_\_\_\_ Code \_\_\_\_\_

**DATES FOR PROGRAM**

Live in person 200 hour program meets one weekend a month for 8 months during the following times:  
Friday, 6 - 9pm  
Saturdays 9am – 3:30pm  
Sunday 11 - 4:30pm

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. You may not miss more than 15 hours total, and ALL missed hours must be made up. Arrangements can be made for illness and emergency. Final certification 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: \_\_\_\_\_