

## 300-Hour Teacher Training Program

### APPLICATION

#### ***Applicant Contact Information***

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### ***Emergency Contact Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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#### ***Applicant Questions – Please answer questions on separate sheet of paper.***

- ॐ How long have you been practicing yoga?
- ॐ Describe your ideal Yoga class as a student.
- ॐ Who have been your primary teachers, both past and present? Why?
- ॐ What area of yoga challenges you the most? Please include both in your personal practice and in your teaching.
- ॐ Are you currently teaching yoga? No / Yes. If yes, for how many years have you been teaching? Where do you currently teach?
- ॐ In your opinion, what qualities embody a good yoga teacher? Why?
- ॐ Why do you want to take a True Nature School of Yoga Teacher Training program?
- ॐ What are your expectations for this training? What do you hope to achieve at the completion of the program?
- ॐ How did you first learn about the True Nature School of Yoga Teacher Training program?
  - \_\_\_\_\_ I practice at Yoga Oceanside
  - \_\_\_\_\_ Internet Search
  - \_\_\_\_\_ A Friend
  - \_\_\_\_\_ My Yoga Teacher recommended it (please list teacher's name): \_\_\_\_\_
- Other: \_\_\_\_\_

## Medical History

Please complete the medical history section below 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
- 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?

## ***Enrollment Agreement and Waiver***

I, the undersigned, fully understand and agree to the following:

The True Nature School of Yoga 300 Hour Teacher Training program is a commitment for participants and teachers.

I understand if I fulfill all the requirements of the True Nature Yoga Teacher Training Program, including Courses equaling 270 Contact Hours plus reading and homework assignments, 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 300-hour Advanced Yoga Teacher Training program.

I understand that True Nature School of Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance Code of Conduct guidelines. Under such circumstances I understand I will not be refunded my tuition.

I am capable of judging the limits of my physical abilities and I understand it is my responsibility to stay within my range of ability to reduce my risk of injury. I will not perform any postures, or activity to the extent of strain or pain. In consideration of being permitted to participate in the classes, workshops and/or private sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any program offered by True Nature School of Yoga. I knowingly and voluntarily waive any claim I may have against True Nature School of Yoga and the Teachers, Staff and/or Owners for injury or damages I may sustain as a result of participating in any classes, workshops, private sessions, or programs.

I understand if I cancel 7 days or more prior to the start of a training session, I will be refunded my balance. If I cancel within 7 days of the start of a training session, I may transfer amount paid to a future training session. Once a training session begins, tuition is nonrefundable.

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Please indicate your intentions for a payment plan for the remainder of your tuition. Disregard if you paid in full.