COMMITMENT TO COMMUNITY

200 Hour Yoga Teacher Training

Certified by Yoga Alliance

**APPLICATION PACKET**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breathe Life Sangha Yoga Teacher Training Application Form**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Names | | Phone | Relationship |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Medical History

Briefly describe your physical health history.

Are you currently suffering from any health condition?

Briefly describe your mental health history. Please include any history of disorders, depression or chronic problems. Include any current medications you are taking.

If you are planning a pregnancy during this program year, are you willing to follow the advice from the facilitator regarding your asana practice?

**Let us know about you**

How long have you practiced yoga?

How many days per week do you currently practice? Please describe it briefly.

What style do you enjoy?

List your yoga history including your primary teachers.

Where do you currently practice and with whom?

Have you ever been injured by your yoga practice? Y/N

Do you have a personal home practice? Y/N

Do you practice meditation Y/N pranayama Y/N inversions Y/N

Are you currently teaching yoga?

What is your interest in participating in this program?

What are your personal expectations for this training?

Describe your food habits and lifestyle.

Describe some of your other interests and hobbies.

List any additional information you would like us to know.

**Payment Information**

The $500 deposit is due with your application and full payment is required no later than two weeks prior to the start date of the program. Full payment is required by March 31, 2018 to qualify you for the $300 discount. If you are paying in installments, your payment terms will be subject to review and approval of the program director, Regina Pietersen.

\_\_\_\_\_Paying by check. Please mail the deposit check with your application. You may also include the first installment, or may pay in full. Please include the participant’s name (if other than check holder), street address, and phone number on your check. Make your check payable to Breathe Life Sangha.

\_\_\_\_\_Paying by cash. A receipt will be given.

**Payment Program**

This program offers a payment options for those interested.

Please include a non-refundable $500 deposit with your application. This deposit will be applied to your tuition. Total cost for the program after March 31st, 2018 ($2900). Tuition paid in installments, including deposit, is $3200 plus a $25 monthly fee for the term of the installment plan. No penalty for early payment.

The reading material cost is not a part of tuition. Plan the purchase of one (occasionally two) books per month. These are standard yoga texts that you may already own and will serve as reference guides for the training. You will need to bring your yoga mat and manual for each training session. These will be fun and intense sessions! Adequate rest and methodical study throughout the training will be beneficial internalizing the information.

Completed applications can be emailed to [info@breathelifesangha.com](mailto:info@breathelifesangha.com) and deposits and/or applications can be brought in person or mailed to:

Breathe Life Sangha

673 Batchelor St. (Rear)

Toms River, NJ 08753

**Program Agreement**

It is my understanding that I must fulfill all the requirements set forth by Breathe Life Sangha Yoga Teacher Training Program. I must complete all required contact hours, homework, volunteer time, quizzes, and the practical and written final evaluations in order to receive my letter of completion of the program. The certificate of completion may then be submitted to Yoga Alliance for registration, or for any use to provide proof of completed training hours.

It is my understanding that Breathe Life Sangha and its teaching staff reserves the right to ask me to leave the program at anytime if I behave in any inappropriate way, am unethical, or in violation of the ethical guidelines set forth by Yoga Alliance. In the event of any of these situations, I will not be refunded my tuition. The $500 deposit will be refunded only in the event that you are not admitted to the program. Once your acceptance letter has been mailed/emailed, the deposit is non-refundable. It is my understanding that my deposit is non-refundable, and should I cancel my participation, it must be 30 days prior to the start date, in order to receive a refund of my remaining balance after the deposit is removed. Once the program begins, tuition is non-refundable and also non-transferable, unless under special circumstances, and agreed upon by all parties.

It is my understanding that all materials are under copyright protection and cannot be reproduced by me without permission from the author.

I further agree to all the stipulations in the information package including but not limited to:

Attendance, tardiness, completion of assignments/quizzes/tests.

Maintaining a home practice, and attending a minimum of two classes a week at Breathe Life Sangha (if you do not live near the studio, you may go to another studio and have them sign proof of attendance to a class there). You agree to teach at least three public classes before graduation.

You agree to no texting in class, phones are off.

You agree to no eating during class time and will keep your area neat and free of clutter.

You agree to observe silence when entering and assist in keeping the studio clean and neat.

You agree to be sober and not under the influence of any drugs.

Parking is on the side of the school or towards the back.

You will be mindful of when other people are speaking, and listen.

You agree that you have read and understand the rules for termination.

I have read and accept the above terms and requirements: \_\_\_\_Yes \_\_\_\_No

Initials here to verify my review and acceptance of the terms and requirements of the program:\_\_\_\_\_\_\_\_\_

**Breathe Life Sangha Teacher Training**

**Agreement and Liability Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name) understand that yoga includes physical movement as well as an opportunity for relaxation, stress reduction, and a release of muscular tension. As in the case of any physical activity, the risk of injury, even serious or disabling is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher. Yoga is not a substitute for medical care. I affirm that I alone am responsible to decide whether to practice yoga. I and my heirs hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Regina Pietersen, Breathe Life Sangha, and all such hosts, instructors, organizers and participants.

I have carefully read this agreement and the entire contents of the Breathe Life Sangha Teacher Training Agenda and fully understand its contents. I have signed this release freely and voluntarily. I am fully aware of this risk and hereby release Breathe Life Sangha and its teachers from any and all liability, negligence, or other claims arising from, or in anyway connected with, my participation in yoga teacher training or yoga classes/workshops and other activities. My signature further acknowledges that I shall not now or at anytime in the future bring any legal action against breathe Life Sangha and its teachers; and that this waiver is binding on me, my errors, my spouse, my children, my legal representatives, my successors, and my assigns.

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

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

**Breathe Life Sangha Teacher Training Agenda Release**

I have read, understand and agree to the terms and conditions for application, admission and participation in the Breathe Life Sangha Teacher Training Program. Breathe Life Sangha reserves the right to make changes to this agenda including class times, locations, and guest teachers as the program evolves.

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

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

**Photography Release**

I hereby grant Breathe Life Sangha permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of Breathe Life Sangha and will not be returned. I hereby irrevocably authorize Breathe Life Sangha to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release and forever discharge Breathe Life Sangha from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE , OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_