



2010 Teacher Training Application
-- PLEASE PRINT --

Date: _____

Start date of training you are applying for: _____

***Please send your completed application and tuition to: Sacred Art Yoga, 2150
Portsmouth Street, Houston, Texas 77098.***

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Occupation: _____

Phone – Day: _____ Phone – Evening: _____

Email: _____

Emergency Contact Information:

Name/Relationship: _____

Day Phone: _____ Phone – Evening: _____

Yoga History and Practice

Number of years you have been practicing yoga: _____

How many days a week do you practice yoga? _____

Do you have a home practice? Yes No

If yes, what is the frequency and duration of your home practice: _____

Do you practice meditation? Yes No

If you answered yes, how often and for how long do you practice meditation?

Do you practice Pranayama? Yes No

How often and for how long do you practice pranayama? _____

Is this your first training? Yes No

Please list your yoga history, experience, styles practiced and previous training(s). (Use a separate page if necessary.) _____

Please list your primary teachers (Use a separate page if necessary.): _____

Are you currently teaching yoga? Yes No

If yes, where are you teaching and how often: _____

What areas of yoga challenge you the most? _____

Are you taking this course for Yoga Teacher Certification? Yes No

Are you taking this course for the Yoga Alliance 200 hour RYT Certification?

Yes No

Why do you want to participate in the Sacred Art Yoga Teacher Training Program? (Use a separate page if necessary.) _____

What are your expectations of this training? (Use a separate page if necessary.) _____

What do you hope to achieve upon completion of this program? (Use a separate page if necessary.)

What do you hope or plan to do with your experience and training? (Use a separate page if necessary.) _____

Medical History:

Please list any injuries or illnesses: _____

Please list any medications prescribed to you by a health care professional: _____

Is there anything else we should know about your medical history? (Use a separate page if necessary.) _____

How did you hear about us? _____

Tuition and Registration

The full 200 hour RYT training consists of two (2), 9 day sessions; totaling 180 contact hours. You may choose to register for one session at a time, however Part I and Part II must be completed in full and in sequence.

Payment Options:

Choose a payment option that best suits your needs. Payment is required prior to the start of your training session. A non-refundable registration fee of \$200 is included in the cost of the program.

Option 1: (*Our most economical option.*) Single Payment of \$2,990 for the full 200 hour RYT training to be paid prior to the start of your training.

Option 2: Individual session price \$1,795. To be paid prior to the start of your training session.

Payments can be made by: Check Credit Card Cash

Sacred Art Yoga Teacher Training Ethical Guidelines Agreement

As a Yoga instructor, I will strive to live in accordance with the principles of Yoga. To the best of my ability, I will adhere to the precepts of the yamas and niyamas, which include non-violence, truthfulness, and purity. As I am dedicated to the well-being of my students, I will conduct myself with integrity in all my interactions with them. I will present my qualifications honestly and share the teachings of yoga with humility and respect. I will always do my best to conduct myself in ways that honor my teachers and the seat of the teacher. I am dedicated and committed to keeping up my Yoga practice both for my personal growth and to be a good example for my students. I realize that it is a privilege to serve in this way, and I am grateful for the opportunity to do so.

I understand that Sacred Art Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that all Sacred Art Yoga Teacher Training materials are under copy right protection and cannot be reproduced by me without with out the permission of the authors. Failure to comply may result in legal action.

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

Please Initial: _____ Date: _____

To complete your application and registration, please fill out the payment and signature page that follows.

Payment and Signature Page

PAYMENT	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash (In Person Only)	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Note method of payment and write the total amount payable in the box provided in this section. Please fill in <u>all</u> credit card information, if applicable.				
Name on Card _____				
Billing Address _____				
City _____ State _____ Zip Code _____				
Credit Card Number _____				
Expiration Date _____ 3 digit security code _____				
Signature _____				TOTAL PAID
				\$ _____

Please read and sign before returning registration and application:

Print Name: _____

Refund Policy: If we receive written cancellation 8 weeks prior to the training, your tuition may be transferred 1 time to a future session, with a \$100 processing fee and must be used within 12 months of cancellation.

Waiver of Liability: The undersigned by signing this agreement indicates that s/he understands the risks inherent in practicing Yoga and hereby assumes all risks incident to such activity and waives any claim or right of action against Sacred Art Yoga, The Yoga Institute, Heart of Texas Yoga, Becky Jordan and Raye Lynn Rath, their employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the undersigned or the undersigned's property incurred in connection with and/or as a result of the undersigned's attendance at classes, workshops and events conducted by Sacred Art Yoga, Heart of Texas Yoga, The Yoga Institute and or use of The Yoga Institute facilities.
Prices subject to change.

Please circle the session(s) for which you are applying:

Two – 9 Day Sessions:

Part I April 16 - 25

Part II June 4 - 13

Signature: _____ **Date** _____

- FRONT DESK USE -	Yoga Soft ID _____	Date Received _____	Payment Received _____	Staff Initials _____
Student Entered _____	Registration Entered _____	Confirmation Sent _____	Staff Initials _____	