



Seaside Yoga Sanctuary

Integral Awakening: 200hr Yoga Teacher Training & Advanced Studies

Registration Form: May-September, 2019

Name _____

Address _____ City/State/Zip _____

Email _____ Birth Date _____

Work Phone(____) _____ Home Phone (____) _____ Cell (____) _____

Emergency Contact:

Name _____ Phone(____) _____ Relationship _____

Tuition Plan with Certification:

___ \$2600 paid in full by April 5, 2019

___ \$2900: \$500 deposit, paid in full by May 17, 2019

___ \$3000: \$500 deposit by May 5 + 4 payments of \$625 (due by 6/5, 7/5, 8/5, 9/5)

___ \$3100: \$600 deposit by May 5 + 5 payments of \$500 (due by 5/20, 6/20, 7/20, 8/20, & 9/20)

Tuition Plan without Certification:

___ \$1900 paid in full by April 5, 2019

___ \$2100: \$500 deposit, balance due in full by May 17, 2019

___ \$2200: \$500 deposit (by May 5) + 4 payments of \$425 (due by 6/5, 7/5, 8/5 & 9/5)

___ \$2300: \$600 deposit (by May 5) + 5 payments of \$340 (due by 5/20, 6/20, 7/20, 8/20, & 9/20)

Cancellation Policy: *If you cancel before April 15, 2019, your fee will be refunded, less a \$108 processing charge. If you cancel after April 15, 2019, your fee is non-refundable unless your space is filled. A minimum 5 student enrollment is required by April 30, 2019. Tuition will be refunded 100% if minimum is not met.*

Release of Liability: This is a legal document releasing our liability.

By signing this document you state that: (1) You assume all risk of injuries from participating in this 200hr Teacher Training & Advanced Studies Course. (2) You release Seaside Yoga Sanctuary, and their designated instructors from all liability arising out of your participation in the training course and yoga classes attended.

Release of Liability: In consideration for the opportunity to participate in services rendered by Seaside Yoga Sanctuary and their designated instructors, I (on behalf of myself, family, heirs, assigns and legal representatives) release Seaside Yoga Sanctuary and their designated instructors, from any liability whatsoever arising out of my participation in or presence in the 200 hr Teacher Training & Advanced Studies course.

Medical Restrictions: To the best of my knowledge, I have no physical or medical restrictions that should prevent me from participating in the 200hr Teacher Training & Advanced Studies course.

Participant _____ Date _____

Please mail completed registration and yoga history form with deposit payable to Seaside Yoga Sanctuary to
Seaside Yoga Sanctuary Teacher Training
300 Grand Ave, Pacific Grove CA 93950

Seaside Yoga Sanctuary

Integral Awakening Yoga: 2018 200hr Teacher Training & Advanced Studies

Student Information

Current Occupation _____

Are you currently teaching yoga? _____

If yes, how long, what style and certification received _____

When did you begin practicing yoga? _____

What styles/traditions of yoga have you practiced?

Have you taken classes at Seaside Yoga before? _____

If yes, for how long or how many classes? _____

Please attach a summary of your yoga background including:

How long and how often have you been practicing yoga?

What brought you to yoga?

Are you currently practicing?

Do you have a special area of interest in yoga? _____

Do you have a special area of interest in the training course? _____

Please attach a summary regarding your interest in the teacher training course that includes the following:

What brought you to this teacher training?

What do you hope to get out of this course?

Do you intend to teach or is this course to deepen your study & knowledge of yoga?

Are there any injuries or physical conditions that we should be aware of?

****Use a separate page if necessary to complete****

