

Yoga Club, RYS

Holistic Yoga Therapy Institute Application

500 RYT or Therapeutic Yoga 500/800/1000

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of birth: _____ Current occupation: _____

Emergency contact: _____ Phone number: _____

I accept the tuition, curriculum, participation and cancellation policies for this program, and give Yoga Club, LLC permission to use any photographs, images or videos taken during training including those containing my image for any training purpose and/or promotional use Yoga Club deems appropriate in its sole discretion, without compensation. Initial _____

I understand that Yoga and other physical practices offered by Yoga Club include physical movement as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with 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 instructor. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended under certain medical conditions. I affirm that I alone am responsible to decide whether to practice Yoga or any other physical practices offered by Yoga Club. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Yoga Club, its instructors, organizers, officers, representatives, sponsors, or any providers of space to the club. I hereby agree to assume all risks & liability related to or resulting from any activity with Yoga Club. Initial _____

Note: Your information will not be shared with people outside of our school.

Student Signature: _____ Date: _____

School Director Signature _____ Date _____

YOGA ALLIANCE® REGISTRATION: Yoga Club is an RYS® (Registered Yoga School) with Yoga Alliance® at the 500 hour level. Upon successful completion of the training program, graduates of Yoga Club Teacher Training will be eligible for registration at the 500 Hour level with Yoga Alliance®.

PARTICIPATION POLICY: Yoga Club Teacher Training is designed for individuals seeking a deeper understanding of their yoga practice. Certificates of Completion for graduation will be provided at the discretion of the instructor's based on their assessment of the student's understanding of the materials as well as the student's capacity and ability to teach. Those receiving a certificate of completion may submit these certificates to Yoga Alliance for Registration as a 500 Hour Yoga Instructor. A certificate to teach is not automatic upon completion of the course. Full class participation, successful completion of the assigned curriculum, and self-study are required to receive a Yoga Club Certificate of Completion for its 500-Hour Yoga Teacher Training Program. There will be reading and writing assignments as well as practicum to be completed outside of the training sessions.

Please indicate which level teacher training you are applying for:

_____ 500 Hour Yoga Alliance

_____ 500 Hour Yoga Alliance with Concentration in Therapeutics

_____ Therapeutic Yoga Certification (800 and 1000 Hours)

Be sure to include a copy of your 200 hour Certificate with your application.

If you wish to transfer any hours from another Yoga Therapy School, please provide a syllabus with the title of the course taken, number of hours for each topic and curriculum vitae of the faculty. The topics must comply with IAYT competencies. Send with application for approval by our Program Director.

(Please feel free to complete your answers on a separate sheet of paper)

Current Experience Level

What first drew you to a Yoga Practice?

How long have you been practicing Yoga?

Approximately how many days a week do you practice yoga?

What styles have you practiced (Vinyasa, Iyengar, Hatha, Ashtanga, Yin, Anusara, Power)? (est hrs each)

Which is your primary/favorite style of yoga to practice?

What other active lifestyle practices do you participate in regularly?

List any yoga workshops you have attended with instructor, topic covered and estimated hours.

Have you studied aspects of Yoga other than asana/pranayama? If so, please describe

Teaching History

Have you completed your 200 Hour training or are you in process of completing your 200 Hour Training?

Where did / are you receiving your 200 Hour Level Training? Who are the main instructors?

Are you currently teaching Yoga?

If so, how long have you been teaching?

What tradition/style and number of classes per week?

Do you have teaching experience in practices other than Yoga (physical and non-physical)?

Background of Interest

Why are you seeking this training and what do you hope to gain from it?

Have you taken classes with a Yoga Alliance® Registered teacher?

For how many months or for how many hours estimated?

Who are your teacher(s)?

What studios have you practiced yoga regularly in and how many hours per week?

How long have you studied with your teacher(s)?

Detail About Your Current Practice

What are your favorite and least favorite poses and why (name two or three of each)?

What do you feel is the most rewarding aspect of your yoga practice?

What is the most challenging aspect of your yoga practice?

Therapeutic Yoga Certification: If interested in pursuing Therapeutic Yoga Certification, please answer the following questions.

Why are you interested in pursuing a certification in therapeutic yoga?

Please list any training you already have acquired either through academic institutions or workshops/trainings in the following: anatomy and Kinesiology, pharmaceuticals, etiology and treatment of disease/injuries, yoga therapy, Ayurveda, Mental and emotional health issues.

Are you currently a health care professional? If so in what field and what type of licensure?
Are you currently practicing therapeutic yoga ? If so, in what setting?
What do you plan to do after you receive your therapeutic yoga certification?

Your Health

If there is anything you think we should know about your mental/physical health, please describe.
If you answer yes to any of the following specific questions, please describe fully on a separate page.

Are you under medical treatment for any physical or psychological condition?

Are you currently pregnant or trying to get pregnant?

Have you ever been hospitalized for a psychiatric condition?

Do you have any chronic physical limitations or disabilities?

Have you had a serious illness or major surgery within the last five years?

Do you have a communicable disease?

Are you in recovery from an addiction?

If yes, how long have you been in recovery?

List any prescription medications you are currently taking and indicate dosage and frequency of intake (other than birth control or cosmetic prescriptions).

SUBMIT and sign Completed Application and Administrative/Practicum Fee (\$500.00 or \$1000.00) to:

- Mail Application to Chrys Kub, Program Director Yoga Club Teacher Trainings
chryskub@yogaclub.us
- \$500 Administrative/Practicum Fee can be paid on-line under Therapeutic Yoga Teacher Training any time before graduation from 500 YA with concentration in Therapeutic Yoga. For those enrolling in the 800 or 1000 Hour program, you may pay one half the fee (\$500.00) when you begin your practicum training, making the final payment (\$500.00) prior to graduation. Please note that there is NO administrative fee for those pursuing their 500 hour training WITHOUT a Certification in Therapeutic Yoga.

Thank you and we look forward to working with you as you continue on your path of deepening your yoga practice. Be sure to check out the required and recommended reading (link on main teacher training pages) for your upcoming immersions so you are adequately prepared! We will respond to your application as soon as possible.