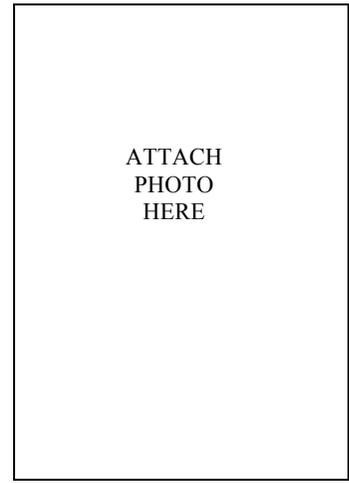


# KRIPALU YOGA TEACHER TRAINING

## 200-Hour Certification at Discovery Yoga Center

# APPLICATION FORM



Tuition is \$2575.00 US. Please complete this form and send it with your payment to DISCOVERY YOGA, 3 Davis Street, St Augustine, FL 32084; or email as an attachment to info@discoveryyoga.com.

**Early-Bird Discounts** when paid in full *Two months before start date: \$2175.00. One month before start date: \$2275.00. Two weeks before start date: \$2475.00.*

**Training Date (beginning)** \_\_\_\_\_

Month-long    Weekends    I DO NOT need housing.    I DO need housing.

___ Nights:	___ Month (Opening Night – Final Wednesday)
Shared Room - \$35	Shared Room - \$800
Private Room - \$85	Private Room - \$1856
Deluxe Room - \$95	Deluxe Room - \$2080

*2 nights minimum stay. Please call (904) 824-7454 for room availability. We will book you in a shared room if no private rooms are available.*

**BOOK HOUSING – DATES:** \_\_\_\_\_ **TUITION:** \$ \_\_\_\_\_

Shared/Hall Bath    Private/Private Bath    Deluxe/Private Bath   **HOUSING:** \$ \_\_\_\_\_

Roommate(s): \_\_\_\_\_ **TOTAL:** \$ \_\_\_\_\_

**ENCLOSED IS MY CHECK FOR \$** \_\_\_\_\_    **BILL MY CREDIT CARD \$** \_\_\_\_\_

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard   # _____
Exp Date _____ Security Code _____
Signature _____

Name: \_\_\_\_\_  Female    Male   Birthday: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_

Telephone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Occupation (If you're not currently employed, your vocation, training, or profession): \_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Number of years practicing hatha yoga: \_\_\_\_\_. How has your involvement changed and developed over time? What does yoga means to you? \_\_\_\_\_

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Are you currently taking yoga classes? No Yes How many times per week? \_\_\_\_\_  
What tradition/style? \_\_\_\_\_ How long have you been taking the class? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant education and/or training (indicate type, level, length of training):

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

Are you currently teaching yoga? No Yes How many times per week? \_\_\_\_\_  
\_\_\_\_\_-week series On-going class Substitute

What tradition? \_\_\_\_\_ How long have you been teaching? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you choose Kripalu Yoga Teacher Training at Discovery Yoga? \_\_\_\_\_

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

## **HEALTH INFORMATION**

Describe your present state of health: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

\_\_\_\_\_  
Serious illness, injury or major surgery within the last two years: \_\_\_\_\_

Under medical treatment or supervision for: \_\_\_\_\_

Current psychotherapy, counseling or psychiatric treatment: \_\_\_\_\_

Hospitalization for psychiatric care within the last two years: \_\_\_\_\_

Drug or alcohol history: \_\_\_\_\_

**HEALTH INFORMATION** (continued)

Please check and clarify any of the following conditions that apply to you:

- Allergies: \_\_\_\_\_
- Arthritis: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Chronic sinus condition: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Endocrine conditions: \_\_\_\_\_
- Epilepsy: \_\_\_\_\_
- Glaucoma: \_\_\_\_\_
- Hernia: \_\_\_\_\_
- Hypoglycemia: \_\_\_\_\_
- Heart conditions: \_\_\_\_\_
- High blood pressure: \_\_\_\_\_
- Low blood pressure: \_\_\_\_\_

- Intestinal conditions: \_\_\_\_\_
- Osteoporosis: \_\_\_\_\_
- Recent injuries: \_\_\_\_\_
- Recent surgery: \_\_\_\_\_
- Spinal conditions: \_\_\_\_\_
- Ulcers: \_\_\_\_\_
- Urinary conditions: \_\_\_\_\_

**WOMEN:**

- Menstrual conditions: \_\_\_\_\_
- PMS symptoms: \_\_\_\_\_
- Pregnant (due date): \_\_\_\_\_
- Hysterectomy: \_\_\_\_\_
- Menopause symptoms: \_\_\_\_\_

Please describe any other physical or mental conditions that would be helpful for your instructor to be aware of. List any medications you are taking and the conditions you are taking them for.

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**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Discovery Yoga Inc. or my instructor liable for any mishaps arising from my participation in yoga class.

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

Discovery Yoga, Inc. is a member of a network of yoga studios spiritually affiliated with Kripalu® Center for Yoga and Health, Lenox, MA. This yoga studio, like all Kripalu affiliated yoga studios, is independently owned and operated. Kripalu Center for Yoga and Health is neither responsible nor legally liable for the activities conducted at this yoga studio.

***Please sign this agreement and return with your registration form.***

### **CANCELLATION POLICY**

- All refunds will be charged a 10% cancellation fee.
- If you drop out of the program after the start date, there will be no refund.
- You may, however, transfer your tuition to another program.

### **CERTIFICATION REQUIREMENTS**

In order to receive your Kripalu Yoga Teacher Certification your tuition must be paid in full, and regular attendance is required. Missing more than two days of training, or missing practice teach sessions could put your certification in jeopardy. If, due to circumstances beyond your control, you are unable to attend a few sessions, a reasonable effort will be made to allow you to make up the material, however there is no guarantee that this will happen in time for you to graduate with your class. In addition to training sessions, home practice and independent study assignments are required to integrate the material learned in class.

You must demonstrate your knowledge and understanding of yogic concepts and practices by successfully completing written and practical examinations. If necessary, you may re-take the exams until this understanding is demonstrated. During mandatory practice teach sessions you must demonstrate an ability to guide and teach yoga classes using the methodology presented in the training. All required work must be completed before graduation.

As a final certification requirement, it is important that you be balanced and conscious in your behavior and adhere to the code of ethics outlined below.

### **CODE OF ETHICS**

The nature of yoga (union of body, mind and spirit), on or off the mat, is to open the body and psyche through which profound transformation can occur. As teachers of yoga, we are stewards of the trust our students place in us. It is our responsibility to uphold and foster a safe and sacred environment in which to allow this work to happen. It is essential that anyone teaching Kripalu Yoga have a high degree of personal integrity and maintain clear boundaries in the role of serving the students.

Holding ourselves as teachers places us in a position of power over our students, however subtle or obvious. We become their mentors, facilitators and helpers. Some students may idealize us or project that we are wiser or more evolved than they are.

As professionals, we must remain aware of this power dynamic and never exploit the vulnerability of a student for personal gain or gratification. Professional organizations (such as Kripalu Center, Insight Meditation Center, The American Psychological Association, etc.) require waiting periods of 6 months to 2 years before acting on an attraction that began in a care-giving or mentor-student context.

Students need to have a place to come where they can safely open their hearts, observe their own deeper dynamics and be free from sexual distractions and conditioned behaviors. Because of this, we ask that yoga teachers refrain from sexual involvement with students.

The intention is not to be punitive or repressive. Although our first commitment is to practice restraint with romantic involvement, we recognize that an attraction between a student and teacher could develop, with care and sensitivity, into a healthy, conscious relationship.

### **AGREEMENT**

1. I agree to hold myself as steward of safe and sacred space by refraining from romantic or sexual relationship with any student. I understand that a sexual or romantic relationship is potentially distracting and possibly even harmful for the student who has come to do inner work. I will not invite, act on, respond to or allow sexual, romantic contact during the time that person is a student in my class, even if the student is the initiator.
2. If a romantic attraction does develop with a student, I agree to seek support and clarity from an objective party before involving the student or acting on the attraction.
3. I understand that the purpose of this agreement is to protect the environment of sanctuary for the students and to support the clarity, consciousness and self-responsibility of individuals. I agree that my purpose as a yoga teacher is to serve the students' personal exploration. I agree that I will avoid any activity or influence that is in conflict with the best interests of the students or is solely for my own personal gain or gratification.

**I have read and understand the terms and conditions as outlined in this document, and agree to be bound by these conditions. I understand that I must meet the above criteria to in order receive certification. I agree to honor this code of ethics.**

Name \_\_\_\_\_

PLEASE PRINT

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

***Keep this copy for your records.***

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PLEASE PRINT

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