



### APPLICATION INSTRUCTIONS:

The **ALIGN & FLOW** Teacher Training programs include at least three (3) hours of vigorous asana per day during weekend meeting. We highly recommend that applicants have at least one year of consistent asana practice.

#### **Application Deadlines:**

Please send your complete application no later than one week prior to the program start date. However, it would be great if you can submit your application no later than the early registration deadline.

#### ***Please be sure to submit the following documents in your application:***

- Application Form with completed information
- Payment Information + Deposit Fee of \$500

#### **Deposit Fee:**

To be able to reserve your place in the training, please complete the above required documents along with a deposit of \$500.

This deposit will be applied to the entire tuition fee cost.

#### **Payment Options:**

- **Pay in Full** - Your payment is due in full by the start of the training. In order to avail the discounted rate, pay on or by the early registration date - *see payment information page for more details.*

#### **Cancellation Policy:**

- If you cancel before 30 days, you will forfeit \$250 of your deposit and the remaining balance will be refunded.
- If you cancel between 30 and 14 days of the start of the program you will forfeit your entire deposit and your remaining balance will be refunded.
- If you cancel within 14 days of the start of the program, the entire program tuition is non-refundable nor non-transferable.

#### **Where to Submit the Application:**

- You can handover your application directly to either Rheza Ollero, America Gathers or the Studio Front Desk representative of **Yoga Rock Studio at: 3600 Ocean View Blvd, #11, Glendale CA 91208**
- Or Email it to us at [rheza.Ollero@gmail.com](mailto:rheza.Ollero@gmail.com) or [america.Gathers@gmail.com](mailto:america.Gathers@gmail.com) – please title your subject line: “Application: 200-Hour TT Program”
- Or Fax it to # 888-520-9676



**APPLICATION FORM**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Submit Date (dd/mm/yyyy) \_\_/\_\_/\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How did you learn about the Teacher Training program? (Please encircle & write name of referrer):

<ul style="list-style-type: none"> <li>• I practice at (studio): _____</li> <li>• Internet</li> <li>• LA Yoga Advertisement</li> </ul>	<ul style="list-style-type: none"> <li>• My teacher recommended it _____</li> <li>• Friend told me _____</li> <li>• Others _____</li> </ul>
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**MEDICAL HISTORY**

For us to be able to respond to any emergencies should arise during your training, please complete the medical history section below. Please note though that none of your responses would affect nor exclude you from being accepted into the program:

1. What is your current health?

- Excellent
- Good
- Fair
- Some challenges (briefly describe)

\_\_\_\_\_

2. Please list any medical conditions that may affect your ability to fully participate in the training.

\_\_\_\_\_

\_\_\_\_\_

3. Please list any injury (ies) that occurred the last 6 months

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### YOUR YOGA PRACTICE

Please tell us about your yoga practice and history. Please be honest and clear as possible.

1. How long have you been practicing yoga?

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2. How many days per week you practice yoga?

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3. What style of yoga do you usually practice?

<ul style="list-style-type: none"><li>• Vinyasa Flow</li></ul>	<ul style="list-style-type: none"><li>• Hot Yoga</li></ul>	<ul style="list-style-type: none"><li>• Power / Core</li></ul>
<ul style="list-style-type: none"><li>• Iyengar</li></ul>	<ul style="list-style-type: none"><li>• Bikram</li></ul>	<ul style="list-style-type: none"><li>• Gentle / Yin</li></ul>
<ul style="list-style-type: none"><li>• Viniyoga</li></ul>	<ul style="list-style-type: none"><li>• Tantra</li></ul>	<ul style="list-style-type: none"><li>• Others _____</li></ul>

4. Where do you currently practice?

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5. Do you practice at home? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Do you have primary teacher/s or mentor? YES \_\_\_\_\_ NO \_\_\_\_\_

- If yes, please list your teacher(s) \_\_\_\_\_

7. Do you practice Pranayama (breathing) and/or Meditation? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Please specify what area of yoga challenges you the most?

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9. Please check Yes or No on each of the following:

- I practice Inversion YES \_\_\_\_\_ NO \_\_\_\_\_
- I practice Surya Namaskar (Sun Salutation) A & B YES \_\_\_\_\_ NO \_\_\_\_\_
- I practice Chaturanga YES \_\_\_\_\_ NO \_\_\_\_\_
- I practice Arm Balance YES \_\_\_\_\_ NO \_\_\_\_\_

10. Is this your first Teacher Training? YES \_\_\_\_\_ NO \_\_\_\_\_

- If NO, please list all prior trainings and date of training  
\_\_\_\_\_

11. Are you currently teaching yoga? YES \_\_\_\_\_ NO \_\_\_\_\_

- If YES: How many years or months? \_\_\_\_\_
- Where do you teach? \_\_\_\_\_

12. Please state why do you want to take the Teacher Training program?

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13. List down your expectations for this training? Tell us what do you hope to achieve at the completion of the program?

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PAYMENT INFORMATION

APPLICANT'S NAME: \_\_\_\_\_
Email Address : \_\_\_\_\_

To reserve your space for the Teacher Training program, a \$500 deposit is due with your application.

Tuition Fee:

- \$2,999 - EARLY BIRD PRICE per person, If paid in full by January 31, 2019
\*\*you could start payment plan now and pay in full by Early Bird Pice date
or \$3,300 - per person there after
\*\*you could start payment plan now and pay in full by March 1st , 2019
\$500 minimum deposit due with Application

Please encircle the mode of payment:

- Paying by check. Please mail or hand over the check along with your application form to Studio's address on the Application Instruction page. Please include a copy of driver's license or photo identification card

CHECK PAYABLE TO: Imperical Ventures Inc.

Pay by credit card

Table with 4 columns: Master Card, Visa, American Express, Discover

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV# \_\_\_\_\_
Name as it appears on the card \_\_\_\_\_
Billing address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby authorize the above payment of \$ \_\_\_\_\_ Signature \_\_\_\_\_

I understand that all the required coursework, in-class hours, home study, quizzes and final exams (both written & practical) assigned through out the ALIGN & FLOW 200 Hour Teachers Training, must be completed in order to meet certificate of completion requirements as set forth by the Yoga Alliance to be registered with 200 Hour Yoga Teacher credentials. I understand that it is not a requirement to become a Registered Yoga Teacher with the Yoga Alliance in order to participate in this course.

- I understand that if I cancel before 30 days, I will forfeit \$250 of my deposit and the remaining balance will be refunded.
If I cancel between 30 and 14 days of the start of the program I will forfeit my entire deposit and the remaining balance will be refunded.
If I cancel within 14 days of the start of the program, the entire program tuition is non-refundable nor non-transferable.

I understand that I am not authorized to copy, share or reproduce any of the materials provided in the ALIGN & FLOW 200 hour Teacher Training without the express written permission of the author. This includes, manuals, one-sheets, excerpts, book, or any published media distributed during the training.



PARTICIPATION RELEASE

By signing your signature below, you confirm that you have read, understood and agree to be bound by all of the following points, which serve as a binding contract between you and Align & Flow Yoga and Santa Anita Hot Yoga Studio that you are eligible to participate in Align & Flow Yoga and Santa Anita Hot Yoga Studio training programs under the conditions set forth below. If you do not agree to be bound by this Participant Release, we regret that we cannot accept your enrollment.

- 1. Your Age. You must be 18 years old or older, and fully empowered under the California law and your state of residence to enter into binding a contract, in order to participate in Align & Flow Yoga and Santa Anita Hot Yoga Studio programs.
2. Your Health and Physical Condition. Every form of exercise carries some degree of risk of injury. Some yoga exercises and postures, for example, are not appropriate for every person. You are responsible for making sure that your health and physical condition permit you to engage in Align & Flow Yoga and Santa Anita Hot Yoga Studio programs by consulting with an appropriate health-care profession before enrolling and participating in any such programs. Align & Flow Yoga and Santa Anita Hot Yoga Studio will rely on the fact that, by participating, you have sought such expert advice.
3. Waiver of Claims. Accidents can happen in any form of exercise. Except for claims of personal injury to you based on intentional wrongful acts of Align & Flow Yoga and Santa Anita Hot Yoga Studio, you are assuming the risk of injury, damage and/or loss of any kind to you, your guests (including children), and your (and their) property resulting from or related to your participation in Align & Flow Yoga and Santa Anita Hot Yoga Studio programs, and you are waiving, releasing and discharging any and all such claims. The waiver of liability under this Participant Release applies to Align & Flow Yoga and Santa Anita Hot Yoga Studio and its members, officers, employees, contractors, vendors, agents and representatives (collectively, "Align & Flow Yoga and Santa Anita Hot Yoga Studio Parties"), and extends to all claims, debts, liabilities, costs, expenses, and causes of action relating in any way to your participation in Align & Flow Yoga and Santa Anita Hot Yoga Studio programs.
4. Indemnity. You agree to indemnify, defend and hold the Align & Flow Yoga and Santa Anita Hot Yoga Studio Parties against any and all of the claims that are waived in Section 3 above, and any other loss or liability resulting from your wrongful acts and/or those of your guests at any Align & Flow Yoga and Santa Anita Hot Yoga Studio program.

Name

Signature

Date