

## **Seaside Yoga Sanctuary**

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

Registration Form: March 12 – July 24, 2022

Name		
Address	City/State/Zip	<del></del>
Email	Birth Date	
Work Phone()	Home Phone () Cell ()	
Emergency Contact:		
Name	Phone() Relationship	
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cancel after Feb 21, your fee is	ncel before Feb 21, 2022, your fee will be refunded, minus the non-refund is non-refundable unless your space is filled. A minimum of 8 student enro nded 100% if minimum is not met. Fees are not refundable once program	ollment is required by Feb
risk of injuries from participat	egal document releasing our liability. By signing this document you state ting in this 200hr Teacher Training & Advanced Studies Course. (2) You re ed instructors from all liability arising out of your participation in the train	lease Seaside Yoga
	best of my knowledge, I have no physical or medical restrictions that show	uld prevent me from
participating in the 200hr Tea	cher Training & Advanced Studies course.	
Participant	Date	
Please mail complet	ted registration and yoga history form with deposit payable to Seaside Yo	oga Sanctuary to

Seaside Yoga Sanctuary Teacher Training

1485 Santa Clara Ave, Seaside CA 93955

# Seaside Yoga Sanctuary

## Integral Awakening Yoga: 2020 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 Sanctuary 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 you 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**

Stud I und after orde payn refui Feb 2 I und	derstand that the total cost for the 200Hr Integral Awakening Yoga Teacher Training & Advanced lies Yoga Program is \$3100 (\$2800 for early registration students who sign up in full by Feb 5, 2022). derstand that if for any reason (medical, personal, or otherwise) I choose to drop out of the training r March 12, 2022 I will still be held accountable for paying for the training in full by July 31, 2022. In er to maintain my space in the training, I agree to make my monthly payments and that nonments may cause an automatic drop from the training. I understand that my \$500 deposit is nonndable, unless for any reason the training is cancelled. Should I choose to drop the training before 21, 2021 only my deposit will be held and the remainder of my payment will be reimbursed to me. derstand that Seaside Yoga Sanctuary cannot certify my completion of this training without full ment*
	YES
	NO
have requ hour mak that	derstand that Seaside Yoga Sanctuary cannot certify my completion of this training unless I been present for all hours of class time per Yoga Alliance guidelines and complete all uired assignments. I recognize that if I miss classes, it will be my responsibility to make these rs up as advised by Laura McKinnon and Mahendra Briksha. Sometimes it is possible to be up hours during a future training session or with private sessions; however, I understand if I choose to make up these hours outside my regularly scheduled training session, this a entail an additional cost. *
	YES
	NO
yoga any part that inclu Laur may	in good general overall health and feel physically capable and ready to engage in physical a movement. I recognize the possible risks and the chance of injury and illness involved in physical exercise and hereby take responsibility for determining my own level of cicipation and take full responsibility for my own health and safety. I furthermore recognize meeting in person for yoga instruction could increase my chances of contracting an illness adding but not limited to the coronavirus. By clicking Yes on this form, I agree to not to hold a McKinnon, Mahendra Briksha or Seaside Yoga Sanctuary responsible for any injuries that a incur and/or any illnesses that I may contract including but not limited to coronavirus ang my training.
	YES
	NO