

Seaside Yoga Sanctuary

Integral Awakening: 200hr Yoga Teacher Training & Advanced Studies

Registration Form: April 23-September 11, 2022

Name		
Address	City/State/Zip	
Email	Birth Date	
Work Phone()	Home Phone () Cell ()	
Emergency Contact:		
Name	Phone() Relationship	
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cancel after April 10, your fe	nncel before April 10, 2022, your fee will be refunded, minus the non-refundable deposit. If you e is non-refundable unless your space is filled. A minimum of 8 student enrollment is required efunded 100% if minimum is not met. Fees are not refundable once program has begun and m	by
risk of injuries from participa	legal document releasing our liability. By signing this document you state that: (1) You assum ting in this 200hr Teacher Training & Advanced Studies Course. (2) You release Seaside Yoga ted instructors from all liability arising out of your participation in the training course and yog	
	best of my knowledge, I have no physical or medical restrictions that should prevent me fron acher Training & Advanced Studies course.	n
Participant	Date	
Please mail compl	eted registration and yoga history form with deposit payable to Seaside Yoga Sanctuary to	

Please mail completed registration and yoga history form with deposit payable to Seaside Yoga 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

Studies Yoga Program is \$3100 (\$2800 for early registration students who sign up in full by Mar 31, 2022). I understand that if for any reason (medical, personal, or otherwise) I choose to drop out of the training after April 10, 2022 I will still be held accountable for paying for the training in full by Sept 10, 2022. In order to maintain my space in the training, I agree to make my monthly payments and that non payments may cause an automatic drop from the training. I understand that my \$500 deposit is non-refundable, unless for any reason the training is canceled. Should I choose to drop the training before Apr 10, 2022 only my deposit will be held and the remainder of my payment will be reimbursed to me. I understand that Seaside Yoga Sanctuary cannot certify my completion of this training without full payment*
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I understand that Seaside Yoga Sanctuary cannot certify my completion of this training unless I have been present for all hours of class time per Yoga Alliance guidelines and complete all required assignments. I recognize that if I miss classes, it will be my responsibility to make these hours up as advised by Laura McKinnon and Mahendra Briksha. Sometimes it is possible to make up hours during a future training session or with private sessions; however, I understand that if I choose to make up these hours outside my regularly scheduled training session, this may entail an additional cost. *
YES
□ _{NO}
I am in good general overall health and feel physically capable and ready to engage in physical yoga movement. I recognize the possible risks and the chance of injury and illness involved in any physical exercise and hereby take responsibility for determining my own level of participation and take full responsibility for my own health and safety. I furthermore recognize that meeting in person for yoga instruction could increase my chances of contracting an illness including but not limited to the coronavirus. By clicking Yes on this form, I agree to not to hold Laura McKinnon, Mahendra Briksha or Seaside Yoga Sanctuary responsible for any injuries that may incur and/or any illnesses that I may contract including but not limited to coronavirus during my training.
YES
NO NO