



fusion
yoga studio

A Yoga Alliance Registered School

Teacher Training ● Application Form

The completion of this form is necessary if you're applying for our 200-Hour Teacher Training program (teacher certification).

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Work: _____ Cell: _____

Date of Birth: _____ Age: _____ Sex: M F Marital Status: _____

Occupation: _____

Do you practice a specific religion ...? _____

Do you have any health related issues, history of depression or mental illness, injuries we should know about...? *(ALL medical information is kept completely confidential)* _____

Please list any prescription or recreational drugs that you are currently using (and for what condition) or have used in the past. *(This is completely confidential)* Also, are you a smoker...? If you've smoked in the past, how long have you been smoke free...?

Who can we call in case of an emergency...? _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Yoga Experience *(include separate sheet or use back-side, if necessary)*

How long have you been practicing Hatha yoga *(and what styles specifically)*...? List any previous teachers and where you have studied or practiced yoga in the past. _____

How many times a week do you practice...? (*where?*) _____

Why do you practice yoga...? _____

Do you practice meditation...? (*If so, how often?*) _____

About Teaching

What are your personal and/or professional goals for this teacher training...? (*Do you anticipate teaching or are you interested in the program for the purpose of deepening your personal practice/understanding, etc., or...? Please explain*)

Are you currently teaching yoga...? If so, where and how often...? _____

In your opinion, what do you feel the role of a yoga teacher is...? _____

How has yoga influenced your life...? (*no right/wrong answer*) _____

Have you participated in any other teacher programs, special workshops, or practice intensives...? List your previous education and relevant training experiences (both yoga and other related fields). Please be specific – this may help us plan the training.

List any other interesting things you would like us to know about you (hobbies, interests, etc) – or do you have any concerns...?

Tuition & Investment

In order to provide personalized training, WE LIMIT CLASS SIZE – **so, reserve your space early!** Payment can be paid by check, credit card (Visa, Mastercard, or Discover) or cash (*discount available, see below*). To qualify for the Early-Bird Discount, FULL payment must be received ONE MONTH before the scheduled start date.

Teacher Training = \$2,300

If you are applying for our 200-hour Teacher Training program, please complete this application form (write clearly) and enclose a deposit of \$50 (payable to "Fusion Yoga Studio Sacramento, Inc."). The form and \$50 deposit can be mailed to the studio (address below) or dropped off at the front desk. Please note that **once you are accepted into the program, the deposit becomes non-refundable.** *If your application is unsuccessful, there will be no charge and your deposit will be returned to you.*

Tuition	\$ 2,300	Save \$300 from the individual module price!
Tuition w/ Early-Bird Discount	\$ 2,100	Save \$200 (due one month before start date)
Tuition w/ CASH Discount.....	\$ 2,000	Save \$300
Tuition w/ CASH & Early-Bird Discount.....	\$ 1,900	Save \$400 (due one month before start date)

Please indicate how you'll be paying:

- Credit Card (Visa, MasterCard, or Discover)
- Check
- Cash (cash discount)

- _____ FULL Tuition/Fee
- _____ FULL Tuition/Fee with Early-Bird Discount (*full tuition must be received ONE month prior to start date*)
- _____ FULL Tuition/Fee with Cash Discount
- _____ FULL Tuition/Fee with Early-Bird AND Cash Discounts

If you're applying for our Teacher Training program and need a special tuition payment plan, please complete the following for consideration (*Total must = \$2,300 **AND** be paid in FULL by the end of the program*).

I have included my \$50 deposit along with this application form and can pay \$_____ before the program starts (*by credit card, check, or cash*). I can also pay....

\$ _____ by _____	\$ _____ by _____
\$ _____ by _____	\$ _____ by _____
\$ _____ by _____	\$ _____ by _____

I would need other financial arrangements and hope that you'll consider the following (*please explain*): _____

Refund Policy for Teacher Training Program:

- 14 days (or more) **before** start date Full refund, less non-refundable deposit
- 1-13 days **before** start date..... 50% refund, less non-refundable deposit
- Once the program starts..... **NO REFUNDS**

Please read and initial that you understand and accept the following:

- _____ I understand that once the program starts, there are **NO REFUNDS**, nor is the fee transferable to another person.
- _____ I understand that **NO REFUNDS** will be made for no-shows or for early departures from the program.
- _____ If medical or a life/death emergency prevents me from completing my training, special consideration and/or arrangements **may** be made for me to complete the program. (*Medical records or other proof will be required.*)
- _____ I understand that FYS reserves the right to ask me to leave the program if my behavior is inappropriate or unethical. In these highly unusual circumstances, I understand I will not be refunded the portion of fees unused.
- _____ I understand that all FYS teacher training materials are under copyright protection and **cannot** be reproduced without the permission of the author. Failure to comply may result in legal action.
- _____ I understand that there are additional costs associated with the required reading material. *
- _____ I understand that if I have to miss a session that it is up to me to make arrangements to make up the work.
- _____ I understand that occasionally training dates may fluctuate.
- _____ I understand that a Certificate of Completion will ONLY be issued if my tuition is PAID IN FULL – **AND** I pass the final exam, turn in the required homework by the due-date (*extension option may be available*), that I fully participate in the program, and with Lori McCormick's final approval.

* *To save money, most books can be purchased used from Half.com or Amazon.com. We may also have a copy available for lending from the Lending Library at FYS. (These books will be beneficial reference tools for you in the future.)*

I have read, understand, and fully accept the tuition refund policy as outlined.

Signature

Printed Name

Date

Please forward this form along with your deposit to:

Fusion Yoga Studio Sacramento, Inc.
2310 Fair Oaks Blvd., #C2
Sacramento, CA 95825

Questions? Please call (916) 922-9642 or email FrontDesk@FusionYogaSac.com