

### with Lori McCormick

# Teacher Training Program Application Form

Name:													
Address:													
Email Address:													
Home Phone:		_ Work:					Cell:						
Date of Birth:	Age:		Sex:	М	F	Ма	irital St	atus:					
Occupation:		Employer:						ΠF	ull-Time		Part-Tir	me	D NA
Please include work hours (	if applicable):												
Do you practice a specific	religion? _												
Emergency Contact:		Relationship:							Phone:	:			
Physical & Emot ALL medically related inforr be helpful to your students	nation is kept (	completely		ntial. (	'Any diffi	icult t	imes y	vou hc	ive gon	e thr	ough m	iay ac	tually
List any major illnesses, surge	eries, injuries. (H	How long ag	go? Is it	somet	hing you	J're c	urrent	ly mai	naging?	?): <u> </u>			
Do you have a history of	(check all the	at apply)											
depression					eating disorders (anorexia, bulimia)								
<ul> <li>bipolar</li> <li>ashizanhrania</li> </ul>		post traumatic stress disorder)			der)	<ul> <li>OCD (obsessive compulsive disorder)</li> <li>other</li> </ul>							
schizophrenia	L anxiety	y disorder or	rpnobla	S		Ц	omer	ſ					
Please elaborate:													
Do you have a history of - (	or have you ex	(perienced)											
alcohol abuse or addic	impulse control issues						other _						
<ul><li>recreational drug use</li><li>prescription drug abuse</li></ul>		<ul><li>violer</li><li>physic</li></ul>		notion		~							
				nonon									
Please elaborate. (Are you	currently in th	erapy or tre	atment.	?): _									
List any prescription or recre	eational drugs	that you are	e current	tly usin	g (and f	or wh	nat co	nditio	n) or ha	ve u	sed in th	ne pa	st

Are you a smoker...? 

Yes

No

....

Or How long have you been smoke-free...?

## Yoga Experience

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

How often do you practice and where?
Do you practice at home?  D No.  D Yes. (how often?) Do you practice meditation?  D No.  D Yes. (how often?)
Why do you practice yoga?
About Teaching (there are no right/wrong answers)
What are your personal and/or professional goals for this teacher training program?
ls it your intention to actually teach yoga?
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 (why do you practice)?
Have you participated in any other yoga teacher programs (include approximate hours), special workshops, or practice intensives? List your previous education and relevant training experiences (both yoga and other related fields that may be relevant). Please be specific as this may help us plan the upcoming session.
List any other interesting things you would like us to know about you (include hobbies, interests, etc.) – or do you have any concerns?
How did you find out about our program?

Have you taken any classes with Lori (yet)...? DNo, but plan to ASAP. DYes. (Approx. how many classes\_\_\_\_\_?)

At this time, are you aware of any scheduling conflicts (travel plans, special events, work schedule, etc.)...? If so, please provide dates or more information.

### Tuition & Payment

In order to provide personalized training, we limit class size – **so**, **reserve your space early!** To do so, 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 <u>no</u> charge and your deposit <u>will</u> be returned to you.

### Cost = \$2,800 See discounts available below

Payment can be paid by check, credit card (Visa, Mastercard, or Discover) or cash.

Tuition\$ 2,800	
Tuition w/ <b><u>SUPER</u></b> Early-Bird Discount\$ 2,400	Save \$400 ~ paid in full by March 31
Tuition w/ <b><u>SUPER</u></b> Early-Bird & CASH Discount\$ 2,350	Save \$450 ~ paid in full by <u>March 31</u>
Tuition w/ Early-Bird Discount\$ 2,550	Save \$250 ~ paid in full by April 15
Tuition w/ Early-Bird & CASH Discount\$ 2,450	Save \$350 ~ paid in full by <u>April 15</u>

Indicate how you'll be paying (your payment method/choice) - Visa, MasterCard, & Discover ARE accepted:

#### I'll be paying the...

efund	Policy:       14 days (or more) before start date         1-13 days before start date         Once the program starts		50% ref	50% refund, less non-refundable deposit			
would	need other fi	nancial arrang	ements and hope the	at you'll consider th	e following:		
		\$	by		\$	by	
		\$	by		\$	by	
	Prog	ram). I have ir	payment plan (Total ncluded my \$100 dep check, or cash) befo	osit along with this o	application form	n and will pay another	
	(less )	\$100 deposit pr	he Early-Bird Discount rovided with this regist	ration = $$2,350 \text{ due}$	no later than <u>A</u>		
	(less )	\$100 deposit pr	he Early-Bird Discount rovided with this regist	ration = \$2,450 due	-	April 15)	
	(less )	\$100 deposit pr	he SUPER Early-Bird Di ovided with this regist	ration = \$2,250 due		<u>March 31</u> )	
	(less )	\$100 deposit pr	he SUPER Early-Bird Di ovided with this regist	ration = \$2,300 due	e no later than <mark>I</mark>	<u>March 31</u> )	
			he CASH Discount (\$2 rovided with this regist		e no later than <u>(</u>	<u> DNE WEEK</u> before start)	
			•		e no later than <u>(</u>	<u>DNE WEEK</u> before start)	

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

- I understand that once the program starts, there are **<u>NO REFUNDS</u>**, 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 <u>may</u> be made for me to complete the program. (Medical records or other proof will be required.)
- I understand that FYS and Lori McCormick reserve the right to ask me to leave the program if my behavior is inappropriate, disruptive, negatively impacts other students learning, or violates FYS and Yoga Alliance's ethical guidelines. 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 <u>cannot</u> 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. (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 understand that training dates may occasionally be cancelled or be rescheduled. (More time is reserved than actually needed to allow for this.)
- I understand that if I need to miss any of the training sessions, it is my responsibility to make up the missed hours.
- I agree to communicate privately with Lori McCormick if I am experiencing an issue that prevents me from participating fully in the program. (Such as physical injury that might affect my ability to practice, emotional issue that affect my ability to be fully present, or home life issues that would affect my mindfulness and/or concentration.)
- I agree to respect the privacy of the yoga space and of my peers by keeping information, conversations, and issues confidential and within the spectrum of our training program.
- \_\_\_\_\_ I understand that I will need to sign a release of liability waiver before I'm fully accepted into the program.
- I understand that a Certificate of Completion will ONLY be issued if my tuition is PAID IN FULL <u>AND</u> 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 approval (can demonstrate that you're ready to teach).

The information I have provided in this application form is complete and accurate. Furthermore, I have read, understand, and fully accept the tuition refund policy as outlined above.

Signature	Printed Name	Date		
Discuss for your disc forms along with your day asit to	Euripe Varia Studia Sacramanta	la e		

Please forward this form along with your deposit to:

Fusion Yoga Studio Sacramento, Inc. 1620 Executive Court Sacramento, CA 95864

Questions / Concerns...? Please call Lori at (916) 600-6557 or email FrontDesk@FusionYogaSac.com

BE SURE TO MAKE A COPY OF THIS SIGNED AGREEMENT FOR YOUR RECORDS.