

From The Ground Up!

Blue Mountains Wellness Studio's Yoga Teacher Training

YTT ADMISSION FORM

This Yoga Teacher Training program is an eclectic and holistic approach to the art of teaching yoga. The graduate of this program will be able to *confidently* teach to a wide variety of populations as well as have their own resource library along with many tools of knowledge for *how* to teach. This program consists of learning about the human body, mind and spirit connections as well as how yoga affects the student, the regular practitioner and the teacher. The only requirement of this program is a sincere desire to learn. Blue Mountains Wellness Studio has many teaching aids, and extensive audio and visual library and study guides to accommodate all styles of learners. *Welcome!*

Date of application: _____	Program completion date: <i>leave blank</i>
----------------------------	---

Printed Name: _____
(as you would like it to be written on your certificate)

Nick name or name you prefer to be called: _____

Leave Blank ~

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Your **primary** phone contact(s): _____

EMERGENCY Phone Contact

Name: _____	Number(s): _____
-------------	------------------

Relationship of emergency contact: _____

Your age and date of birth: _____

Occupation: _____

State of your health: Please list any health concerns (physical or otherwise), injuries, conditions and anything else that might have an impact on your participation in this training. Feel free to address other issues as needed. *If there are any health concerns that you do NOT want written down, please speak with your instructor, Georgia Stansell, at the time of your application review.*

Are you asthmatic? _____ If so, are you on medication? _____

Your yoga background: Use additional pages of paper as needed.

Are you currently teaching yoga? _____ If so, please describe: class size, where, etc.

What styles of yoga do you **currently practice**? (if any)

What styles of yoga have you **studied**?

Where? _____

With whom? _____

For how long? _____

Certification? _____

Where? _____

With whom? _____

For how long? _____

Certification? _____

Do you have a regular practice? If so, please describe it:

Why do you practice yoga?

Please list and discuss why you are interested in becoming a Registered Yoga Teacher.

Please list and discuss why you practice yoga.

Tell us what YOUR expectations are for this training.

Describe and speak about what you hope to learn and gain from this training.

Please list other bodywork related professions or activities that you have studied, teach, practice, etcetera. (*massage, talk therapy, Pilates, athlete, personal trainer, other...*)

List other education, degrees, trainings, life/work education, etcetera that you have.

How did you hear about this program?

What were the deciding factors in selecting this YTT?

Use the blanks below to mention anything that has not been covered in this application that you would like to comment on.

Please read the information below thoroughly! Feel free to ask questions if there is anything that is NOT 100% clear to you. Your signature demonstrates that you have read and fully understand this application, the process and requirements for successful completion of this professional level YTT.

- I understand that the physical and breathing exercises, information, suggestions, and practices taught in 'From The Ground Up!' program *are not* intended to replace the services and advice of my physician, and are in no way intended as a substitute for medical and/or therapeutic counseling and/or treatment.
- I understand that BMWS Inc. reserves the right to refuse service to any participant who is abusive to others, classmates or staff before, during or after class and or trainings.
- All Yoga poses, exercises, breathing techniques that are demonstrated and instructed should be carried out as instructed.
- If I have any psychological problem or serious medical problem, such as heart disease, high blood pressure, cancer, severe mental illness, or recent abdominal or chest surgery, I will consult my Physician(s) and/or Therapist(s) *before* beginning this YTT and indicate to BMWS, Inc. staff of any such issues.
- I understand that if I miss any instruction of this YTT, I will make up the class if time allows or repeat the training at a later date.
- I understand that if I do not pass any of the Learning Opportunities or complete the Student Teaching of this program, I will follow the direction of the instructor for make up and completion of the YTT requirements before I obtain my RYT certification.

Monies: I understand that the full tuition for this 200 hour YTT is \$1,230.00 which includes the required texts. I agree to pay a portion of the tuition prior to the beginning of the course, with the balance to be paid in full no later than the last week of training, *unless other arrangements have been made with the director **prior** to the first day of training.*

Refunds: A refund of paid tuition, less \$100.00, will be made of any cancellation requests in writing 30 days ***prior*** to the start date of training. The instructor, Georgia Stansell, must receive the written cancellation via postal mail or in person 30 days ***prior*** to the first day of training.

Agreement: I the undersigned, being of sound mind and body, do willfully choose to join Blue Mountains Wellness Studio's "From the Ground Up!" 200-hour Yoga Teacher Training. By my printed name and signature below, I acknowledge that I have completed this form accurately and that I have read all the above information. I fully understand that I must successfully complete all requirements as outlined in this application and specified in the Qualifications Checklist*.

Printed Name *(must be legible)*

Date

Signature

* The Qualifications Checklist is included in your information packet.

Please do not write below this line.