

200 hour Modern Hatha Yoga Teacher Training Application



MODERN HATHA SCHOOL OF YOGA

Note: Applicants must have a minimum of 1 year of consistent yoga practice in both home and studio settings.

Contact Information

Name _____
Address _____
Mailing address (if
different) _____
City/State/Zip _____
Phone _____ Cell _____
Emergency Contact _____
Email address _____
Birth date _____

Health & Personal History

*All information collected is completely confidential and private and will be used only for the purposes of helping better understand your unique needs for this training. Answer only what you feel comfortable sharing.

Occupation (current or previous if retired) _____
List any exercise, include frequency: _____

Are you currently under the care of a health practitioner(s)? yes/no
If yes, specify name/purpose

Please list any accidents, injuries, illnesses, recent/previous surgeries, and the dates, year(s) treatments received:

Are you currently on medications? Yes/no

If Yes, please list & specify purpose (i.e. high/low blood pressure, diabetic, anti-depressants etc.)

Please check any of the following that you apply to your present health or have had in the past or recent past or present. We strive to help keep you as comfortable and safe as possible within the time during this training. All information is private and is used with the intention of supporting you to have the best experience possible and meeting your unique needs.

Musculoskeletal

- Bone/Joint disease
- Tendonitis/Bursitis
- Arthritis/Gout
- Jaw Pain (TMJ)
- Sprains/Strains
- Lupus
- Scoliosis/spinal issues
- Osteoporosis/ Osteopenia
- Plantar Fasciitis
- Whiplash
- Chronic pain in:

On Computer? No. of Hours _____

Circulatory

- Heart Condition
- High/low blood pressure
- Lymphedema
- Thrombosis/Embolism/Phlebitis/
Varicose Veins

Circulatory Cont.

- Mitral Valve Prolapse
- Hemophilia
- Palpitations/Pace maker
- Raynaud's Disease
- Hypertension/Anemia
- Other: _____

Nervous System

- Shingles
- Numbness/Tingling
- Pinched Nerve/Dizziness
- Parkinson's/Multiple Sclerosis
- Bells Palsy/Lupus
- Neuritis/Neuropathy
- Seizures/Epilepsy
- Spinal Cord injury
- Other: _____

Reproductive

Women:

- Pregnant: Stage _____
- Ovarian/menstrual problems

- Endometriosis
- Other: _____

Men:

- Prostrate
- Other: _____

Respiratory

- Breathing difficulty/asthma
- Emphysema
- Sinus Problems
- Allergies specify:

Other: _____

Skin

- Allergies Specify: _____
- Rashes
- Athletes Foot
- Herpes/Cold sores
- Other _____

Other

- Cancer/tumors/edema
- Bladder/kidney ailment
- Diabetes
- Drug/alcohol/caffeine/ tobacco
- Hepatitis (A, B, C)
- HIV/AIDS
- Chronic Pain
- Chronic Fatigue
- Sleep disorders
- Migraines/ headaches
- Anxiety/panic attacks/stress
- Depression (Medicated/Seasonal/
Grieving)
- Vision Problems
- PMS/menopause symptoms
- Eating Disorder

Other: _____

Digestive

- Irritable Bowel Syndrome
- Ulcers
- Acid Reflux
- Celiac
- Other: _____

Yoga Practice, Training and Mental Health History

*This section is intended to evaluate your knowledge and experience with yoga so that we can better understand and guide you during this training. This is also to gain a deeper understanding of your and your journey and to take into consideration your current personal well being and if this training is right for you at this time. Please be as honest and know that all information shared is completely and strictly confidential. If you need more space to write, please attach additional sheet with your application.

1.) Please list any and all experience you have had with yoga, years studied, styles, in home, studio(s), gyms, (please name) teachers you have studied under etc. Please be specific.

2.) Do you have any previous training, certifications or licenses in Yoga, Physical Therapy, Massage/Body or Energy Work, Fitness or Academic Teaching? If so, please list:

3.) Do you have any previous training or understanding of anatomy and the body (college, seminars, workshops, self study etc.)

4.) What was your original intention for trying yoga? What brought you to the practice? Why do you love it?

5.) What has kept you coming back to yoga and why would you like to attend this Yoga Teacher Training program? Would you like to teach yoga after this or simply deepen your personal practice and understanding of yoga?

6.) What does your current yoga practice like (daily, weekly, etc) and do you meditate or are you open to learn. Do you practice in group classes or at home with dvd's, the Wii, online classes, podcasts all count, please be specific.

7.) Have you read or studied the Yoga Sutra's, Bhagavad Gita or Light on Yoga? Are you familiar with the 8 limbs of yoga? Have you read any other material or books about yoga?

8.) Yoga in its purest essence is non-denominational and this training will be taught from that place, however the roots of yoga touch upon the history and philosophy of Buddhism and Hinduism. Do you have any religious or spiritual reservations with being able to discuss these subjects? We will also be learning Sanskrit words and phrases, do you have any issues with learning a new language or using Sanskrit?

9.) Is there anything in your personal life right now that may conflict or hinder your ability to fully concentrate and participate in your training? Do you have any attention challenges such as ADD, ADHD or any auditory or visual or learning delays currently? This course is tailored to working with each participant so they have the most amount of support possible to be able to enjoy this training and get the most out of it. What you share is up to you. The intention behind this question is to help support you and is completely confidential.

10.) Are you currently under the care of a mental health counselor or therapist? If so for how long? Please list their name or names if working with multiple resources and contact information.

11.) Are you navigating any current mental health challenges like depression, PTSD, bipolar disorder, suicidal thoughts within the last 1-3 years? These are extreme questions with incredible poignancy. Mental health and self-exploration are deeply stressed during this training and something we work towards and through, personal/emotional experiences may come up. If you have immediate mental health concerns presently and are working through a recent emotional crisis this training may not be for you at this time. This question is asked for your personal emotional and psychological safety as well as the psychological safety of the group. If you are not navigating this concern, please skip this question.

12.) Are you currently in recovery from alcohol or drugs? If yes, how long have you been in recovery and are you working with a sponsor or counselor? If so, please list their name and contact information. If no, please skip.

Program Participation Agreement

I understand that after paying in full and fulfilling the requirements from Modern Hatha Yoga 200 hour Yoga Teacher Training, which includes in-class and out of class hours,

homework, quizzes and passing both the written and in-class final exams, I will receive a letter and certificate of completion. This letter and certificate can be submitted to Yoga Alliance or a prospective employer as evidence that I have completed a Yoga Alliance Certified 200 hour Teacher Training program.

I understand that Aline Marie reserves the right to ask me to leave the program if I am found plagiarizing, if my behavior is disruptive, inappropriate, negatively impacting other students learning, unethical or violates the Yoga Alliance ethical guidelines or if it appears that my health or physical practice are not at the level to fully participate in the training. Under such circumstances I understand that I will not be refunded my tuition. All factors of each unique situation will be taken into consideration and arrangements as to whether I will be allowed back in this training will be made on a case by case basis.

I understand that if I miss over 15 hours I will receive a non-passing status and will be asked to leave the training. Under such circumstances I understand I will be given the opportunity to retake the program within the same year at 50% off the current tuition rate, subject to class size availability.

I understand that if I am habitually tardy I will not receive credit for the days I am tardy. If I am 15 minutes late more than twice, the third time I will be asked to leave and will be required to make up the day according to the makeup policy. If I leave 15 minutes early more than twice, the third time, I will be asked to make up the required day according to the make up policy.

I understand that if I cancel 14 or more days before the start of the training I will receive a full tuition refund of any payments and the \$250 deposit.. If I cancel within less than 14 days from the start of the training I forfeit the deposit of \$250 and will receive my full tuition refunded or if on a payment plan, payments already made refunded. Once the program has begun, tuition and deposit is non-refundable.

I understand that all Aline Marie and Modern Hatha Yoga Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements:

Date _____

Signed _____

Assumption of Risk, Health Warranty, Release and Waiver of Liability

I understand that yoga involves strenuous physical activity, which may require balance, flexibility, muscle strength, aerobic fitness, mental concentration and other physical and mental abilities. I understand that yoga classes and the practice of yoga may be physically and mentally stressful and tiring, and that such classes and practice can result in new injuries or in re-injuring old injuries, including muscle soreness, strains, sprains, pulls, or tears, cuts or bruises, illnesses, or other unforeseeable risks which cannot be specified in advance. I have previously taken yoga classes or have otherwise conducted sufficient research into the practice of yoga to fully understand the type of activities and exercise taking place in yoga classes.

I voluntarily assume all responsibility and liability for my participation and activities in the Modern Hatha Yoga 200 hour Yoga Teacher Training Program, and for any risks, injuries or damages, which I might incur as a participant in the Teaching Program. This includes without limitation, traveling to or from and entering or leaving the location or premises at which the Teaching Program is held and making use of its facilities, participating in the Teaching Program itself, practicing or training for participation in the Teaching Program and any and all components of the curriculum offered under the Teaching Program, performing on my own the exercises, routines and yoga postures I have learned at the Teaching Program. If I do have any physical injuries or conditions, which might hamper my yoga practice, lead to pain or injuries when practicing yoga, or affect my participation in the Teaching Program in any other way, I shall promptly inform Aline Marie in writing of those injuries or conditions at any point in time as such conditions may arise.

I represent that I am in good health, at least 18 years of age, and have the needed current medical approval from my appropriate health professionals to attend and engage in this level of physical exercise and yoga instructional classes. If I have any medical or physical/mental/emotional challenges or issues currently I agree to let my instructors know in full and confidential disclosure my situation, if necessary, in writing, so they are informed about my conditions, if any or relevant. It is not the facility where I am taking my training, nor the instructor's job to investigate or certify my health or fitness level to participate in these physical exercise and yoga classes during teacher training. I am consciously and willingly participating in this program with the written consent of my health care provider if necessary.

In consideration of my admittance to participate in Modern Hatha Yoga 200 hour Yoga Teacher Training Program, I, for myself, as well as for my heirs, guardians, executors, administrators, successors and assignees, hereby release (forever and irrevocably) Aline Marie, as well as any teachers or assistants involved in any way in the offering or the provision of this Teaching Program, the sponsors, host and facility providers of this Teaching Program, any attorneys of each of the foregoing, the licensees, successors and assigns of the foregoing, and any other parties acting in concert with any of the foregoing (with all the foregoing parties being hereinafter collectively referred to as the Released Parties), from any duties, agreements, claims,

counter-claims, debts, obligations, costs, expenses, loss of services, actions, risks, injuries, damages, accidents, liabilities, claims, demands, judgments, losses, costs and causes of action of any kind whatsoever arising or resulting from or relating in any way (in whole or in part) to my participation in this Teaching Program or any other yoga program with any of the Released Parties in the future, regardless of whether any such claims, injuries, etc. result from my own actions, inaction or negligence, the actions, inaction or negligence of other participants to the same or future Teaching Programs, the alleged actions, inaction or negligence of any of the Released Parties or any combination of the foregoing.

I understand that Aline Marie and supporting teachers from time to time may photograph or video classes or events occurring at its studios and place such photographs and videos on its Website. I hereby consent to the use of my image that may appear in any such photograph or video. If I do not want my image used publicly on the website or for other studio promotions, I will let Aline Marie know promptly in writing to confirm this.

No representations of any kind have been made to me by any of the Released Parties to induce me to sign this release form; I am signing this form because I wish to attend Modern Hatha Yoga 200 Hour Yoga Teacher Training Program.

Signed _____ Date _____

I affirm that I am the individual given above. I confirm that all information provided herein is true, accurate and up to date. Further, I agree that to the extent that there are any changes to the information provided above that may affect my ability to attend the Teacher Training, I shall inform Aline Marie as soon as possible. I understand and agree that any and all information I submit via this application form will be held by Aline Marie and myself for the purposes of registration and application for the training in question. In addition, I confirm that I have read, understood and agreed to the payment and refund terms.

Signed _____ Date _____

