

APPLICATION: Your information will not be shared with others outside of our school

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Current occupation: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I accept the tuition, curriculum, certification and cancellation policies for this program, and give Power Alignment Yoga Enterprises LLC permission to use my photograph, image or any videos taken during training for training purposes and/or promotional use, without compensation.

**YOGA ALLIANCE® REGISTRATION:**

Power Alignment Yoga® 615 Hour Teacher Training Program is registered with Yoga Alliance® at the 500 hour level. Graduates of Power Alignment Yoga® 615 Hour Teacher Training Program are eligible for registration with Yoga Alliance® at the 500 hour level.

**PARTICIPATION & CERTIFICATION POLICY:**

Power Alignment Yoga® 615 Hour Teacher Training Program is designed for those who are seeking a deeper understanding of themselves and their yoga practice. Certification is not automatic upon completion of the course and will be determined by the instructor's assessment of the student's understanding of the materials as well as the student's capacity and ability to teach. Full class participation, successful completion of the assigned curriculum, and self-study are required to receive a Power Alignment Yoga® Certificate of Completion. There will be reading and writing assignments as well as practicum to be completed outside of the training sessions.

**WE WOULD LIKE TO KNOW MORE ABOUT YOU:**

(Please feel free to write or type your answers on a separate sheet of paper)

1. What drew you to a Yoga Practice?
2. How long have you been practicing Yoga?
3. Are you registered with Yoga Alliance® at the 200 hour level or higher?
4. Have you practiced Power Alignment Yoga®? If so, please describe
5. Have you practiced Power Yoga? If so, please describe
6. Have you practiced Iyengar Yoga? If so, please describe
7. What other styles of Yoga have you studied?
  - a. Which is your primary/favorite style of yoga to practice?
8. List yoga workshops you have attended.
9. Are you currently teaching Yoga?
  - a. If so, how long have you been teaching?
  - b. What tradition/style and number of classes per week?
10. Do you have teaching experience other than Yoga?
11. What do you hope to gain from this Training?
12. Have you had a daily asana practice for at least six months?
13. How long is your daily practice? 1/2 hour 1 hour 1 1/2 hours 2 hours (+)
  - a. What postures do you practice during a personal session?
14. What do you feel is the most rewarding aspect of your yoga practice?

15. What is the most challenging aspect of your yoga practice?
16. If there is anything you think we should know about your mental/physical health, please let us know with this application.
17. What is your favorite color?
  - a. Second favorite?
  - b. Third favorite?
  - c. Fourth favorite?
18. Please reflect on the followings question and answer them to the best of your ability -  
What would prevent you (physically, mentally, emotionally, spiritually) from completing the Power Alignment Yoga™ 615 Hour Teacher Training Program?  
Of these obstacles which are within your ability to prevent and how would you do that?
19. List three things you would like to gain from Power Alignment Yoga® 615 Hour Teacher Training Program. Examples: Service to community, personal growth, etc.

If you answer yes to any of the following questions, please describe fully on a separate page.

1. Are you under medical treatment for any physical or psychological condition?
2. For females, are you currently pregnant or trying to get pregnant?
3. Have you ever been hospitalized for a psychiatric condition?
4. Do you have any chronic physical limitations or disabilities?
5. Have you had a serious illness or major surgery within the last five years?
6. Do you have a communicable disease?
7. Are you in recovery from an addiction?
  - a. If yes, how long have you been in recovery?
8. List any prescription medications you are currently taking and indicate dosage and frequency of intake (we do not need to know about birth control or cosmetic prescriptions).
9. Describe your weekly alcohol consumption.

#### COURSE FEE:

\$3,300 Early Bird pricing if paid in full by November 1, 2010

\$3,500 pricing after November 1, 2010

\$3,700 \*Payment Plan

\*Payment plan can be arranged with Director of Training on an individual basis. Please contact us if you are interested in setting up a payment plan. If Payment Plan is approved a \$500 Deposit is due with Training Application and 10 monthly payments @ \$320.00.

#### PAYMENT OPTIONS:

- Cash (in person only at Altamonte Springs Yoga)
- Checks make payable to Altamonte Springs Yoga
- Payment Plan
- Online at <http://www.altamontespringsyoga.com>

#### REFUND POLICY:

- If Power Alignment Yoga Enterprises LLC cancels the Training full refund will be issued.
- No refunds will be issued for sessions postponed for inclement weather and every effort will be made to reschedule such sessions.
- A \$500 deposit is payable upon application and is fully refunded if the applicant is **NOT** accepted into the training.

- If a student withdraws from the training the following refund policy applies:
  - If the student withdraws a minimum of **30 days** prior to first day of training commencement the student will receive a full refund of all monies paid minus an administration fee of \$100 and nonrefundable deposit (\$200).
  - If the student withdraws **15-30 days** prior to the first day of training the student will receive 50% refund of all monies paid minus an administration fee of \$100 and nonrefundable deposit (\$200).
  - If the student withdraws **1-14 days** prior to first day of training or withdraws after the training starts ***no refund will be issued.***
  - No tuition refunds will be issued for no-shows, late arrivals or early departures.
- Power Alignment Yoga Enterprises LLC reserves the right to amend this policy at its sole discretion.

**SUBMIT:**

Completed application, Agreement, deposit and/or first Payment to:

Altamonte Springs Yoga  
249 West State Road 436 #1085  
Altamonte Springs, Florida 32714

Thank you for considering yoga instructor training through Power Alignment Yoga® 615 Hour Teacher Training Program. It is an honor to teach Yoga and I look forward to sharing that honor with you. I will respond to your application ASAP.

Namaste, MyLinda 

## Agreement to terms of training Power Alignment Yoga® Enterprises, LLC

I understand that the Power Alignment Yoga® 615 Hour Teacher Training Program curriculum follows the criteria put forth by the Yoga Alliance® and that upon completion of my training with Power Alignment Yoga® 615 Hour Teacher Training Program, I will be eligible to apply for registration with the Yoga Alliance® at the 500 Hour level.

I understand that once training begins, my deposit and tuition are non-refundable if I should choose, for any reason, to withdraw from the program.

I understand that if I need to miss any of the training sessions, it is my responsibility to make up the missed hours. If Primary Instructor's presence is required in order to fulfill the missed sessions an additional cost of \$75 per hour will be charged and is due at the time of the make up session. I also understand that I will not receive a Certificate of Completion from Power Alignment Yoga® 615 Hour Teacher Training Program until all missed sessions are made up.

I agree to the tuition of Power Alignment Yoga® 615 Hour Teacher Training Program and understand that I will not receive a Certificate of Completion from Power Alignment Yoga® 615 Hour Teacher Training Program until all fees due are paid in full.

I agree to show up on time for all scheduled sessions, to participate fully, to engage in all scheduled exercises and to help create a supportive, nurturing atmosphere for my peers, my teacher and myself.

I agree to communicate with Primary Instructor if I am experiencing an issue that prevents me from participating fully in the program. Examples are physical injury that might affect my ability to practice, emotional issues that affect my ability to be fully present, etc.

I agree to respect the privacy of my peers by keeping information, conversations and issues confidential and within the spectrum of our training program.

I agree to and understand the above:

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Name

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Date