

2016 300-hr Shamanic Yoga Training Application:

First Name:

Last Name:

Name to be Printed on your Certificate:

Email Address:

Primary Phone:

Home

Work

Mobile

Secondary Phone:

Home

Work

Mobile

Emergency Contact + Number:

Street Address:

City:

Province / State:

Country:

Postal Code:

Personal Information: (There are no wrong answers, we are interested in getting to know you to deepen our experience together and to better know how we can support you).

I have been practicing yoga for the following number of years:

The primary yoga style I practice is:

My primary Yoga teacher(s) is/are:

What qualities in your primary teacher(s) inspire you and what qualities might you hope to embody?

Do you have any experience with Shamanism?

If so, please describe and list your teachers and lineage.

Do you have any experience with ceremony? If so please describe.

List any other interesting things you think we should know about you?

Do you teach yoga at present?

If Yes, how many classes a week?

What style of yoga do you teach?

Tell me about your level of training in the style that you teach?

Did you receive a certificate?

Why do you want to teach yoga (if you already teach, why do you)?

What do you do for work?

What do you do for play?

What are the current stressors in your life?

What are your coping mechanisms?

What is your living environment (who do you live with, any pets etc) ?

What does your support network consist of and look like?

Why do you want to do this particular teacher training?

What are your expectations for this training? What do you hope to gain, learn, or work on?

What are you most excited to study in this training, and why?

What previous training do you have that could help with becoming a teacher?

What is your level of asana practice? Beginner Intermediate Advanced

Physical Health

How would you evaluate your current health? Excellent Good Some Challenges

Are you working through any physical injuries or limitations presently?
If so please give a brief description:

Do you have epilepsy?

Diabetes?

Are you currently, or during the last two years have you been under the care of a physician or other health care professional?

List the health care professional's name, specialty and contact info:

Name:

Specialty:

Contact info:

Please list any medications you are currently taking or have taken in the last year that were prescribed by a healthcare professional:

Are you currently, or during the last two years have you been, under the care or supervision of a mental health professional (psychiatrist, therapist, etc.)? If yes, please describe for what condition:

Please list the mental health professional's name, specialty and contact info:

Name:

Specialty:

Contact info:

Please list any medications you are currently taking that were prescribed to you by a mental health professional:

Have you been hospitalized in the past year?

If yes, for what condition?

Do you have any special dietary requirements? If yes, please list:

Do you currently suffer from an eating or exercise disorder, or have you been treated for an eating or exercise disorder in the past?

Please explain:

Please explain your willingness to be fully committed and attend 100% of the training?

Please make any additional comments here or include additional pages with the application:

Investment:

\$900 for each direction (module) = total investment of \$3600 (including GST)

If you pay in full, you will receive a discount of \$50 for each direction = total investment \$3400 (including GST)

Your spot is held with completion of application and payment of your non-refundable deposit of \$200. Please note your deposit is included in your tuition fee.

Email or deliver your completed application.

E-mail: chris.selda@gmail.com and kristincampbellyoga@gmail.com

You will be notified by e-mail of your status within a week after I receive your application.

Your investment includes a manual.

Receipt of your deposit will be followed with a recommended reading list.

Payment Plans:

- Option One
 - Full payment at the time of registration
- Option Two
 - Deposit 20% at the time of registration
 - Payment 80% on the first day of classes
- Option three
 - Deposit 20% at the time of registration
 - Payment #1 - 40% on the first day of classes
 - Payment #2 - 40% on an agreed upon date (approximately 1/3 through)

If you have not received confirmation by email, please
Contact Kristin: 604/905-9787 (mobile) and
Christine Selda 604/815-0948 (home) / 650/815-9123 (mobile)

UPON ACCEPTANCE: CANCELLATION POLICY:

You have up to 15 days before March 16, 2015 to cancel in order to receive a refund less a non-refundable deposit fee of \$200.00.

If you cancel, you may not substitute a friend in your place.

Cancellations under 15 Days before the start or during the training will result in a credit

towards future trainings expiring after 2 years of the original date.

Please sign and return:

x

* I have read and agree to the terms and policies stated above.
dated: