

2015 Shamanic Yoga Medicine Wheel Teacher 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:

Fees: \$650 + GST for each direction = \$682.50 or \$2600 +GST for the whole integration, all 4 directions = \$2730

Email or deliver your completed application.

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

Your spot is held with completion of application and payment of \$682.50 for the first direction. Your non-refundable deposit of \$200 is due immediately once application has been accepted. Please note your deposit is included the tuition fee for the first direction.

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

This will be followed with a recommended reading list.

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: