

Breathe For Change presents....

**Cloud Nine Yoga Madison, WI
200-hr In-Depth Yoga Study & Teacher Certification
For Educators**

Held at: University of Wisconsin, Madison

June 23 - July 8, 2015

Breathe For Change (B4C) is an organization that aims to improve the health and wellbeing of students, teachers, and communities across the globe. Our mission is to change the world one teacher at a time.



cloud nine yoga
studio & school

Facilitated by: Erika Faith Calig, Ilana Nankin, Jessica Steffens, Sarah Archibald, & Laura Flanagan

Registration Information & Agreement Form

Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas.

****Note:** Applications are accepted on a first come, first serve basis and will no longer be reviewed once we reach capacity. Interest is extremely high, so we encourage you to apply now to secure your spot in our training. ******

Name: _____

Address: _____

Phone: _____ Email: _____
(The one you use most) (The one you check most)

Emergency Contact Name: _____

Phone: _____

Birthday: _____

Educator Position: _____

Education (degree/Institution): _____

How did you hear about us? _____

Please answer the following questions regarding your yoga experience:

1. How long have you been practicing yoga?
2. What style of yoga/types of classes do you take? Do you have a home practice? How often do you take classes or practice at home?
3. Tell us about your most memorable experience taking a yoga class.
4. What subject/topic excites you most about this training? Why?
5. Which specific aspects of this 200-hr program attracted you?
6. List your goals/intentions as you embark on this yoga training adventure:
7. How do you believe this training will make you a better educator?

Please answer the following questions regarding your medical/health history:

1. Are you currently taking any medications? If so, which ones?

2. Do you have any allergies? If so, list specifics and what you do to prevent/treat them.

3. Are you currently suffering from an injury or other physical limitation? If so, please describe in detail where in your body, the diagnosis from your physician (if applicable), what happened and what you are doing to nurture healing (use separate page if needed).

4. On a scale from 1 - 10 (one being poor and ten being great), rate your emotional/mental health. Explain why you chose this number.

5. Do you have a personal meditation or spiritual practice? If so, tell us a bit about it.

6. What other physical activities/sports are you involved in?

7. Describe a typical day in your life.

** Cloud Nine Yoga collects this information to get to know you. All answers are seen by our facilitators and kept confidential. We do not discriminate based on age, race, religion, sexual orientation or background. Questions are offered to better serve you as a student of our Teacher Training Program. We reserve the right to refuse an applicant. We take pride in creating a safe space of acceptance, healing and unconditional love. We do not claim, nor desire to be an alternative for proper medical or psychological care. All applicants are screened and treated equally.*

HOUSING:

You are responsible for securing your own housing; however, we have some ways to help out-of-towners make this process simple!

Please tell us your housing situation:

- **Do you have housing (in the Madison area)? (Yes/No)**
- **If you don't have housing, would you like us to add you to our "Breathe For Change find-a-roommate/housing group" to connect you with others who need housing/can help you find housing? (Yes/No)**

PAYMENT

Early Bird Applicants who apply before May 1, 2015 have 3 payment options. Please check which option you are applying for (see below for details):

1. **Pay in Full Option- \$1500**
2. **Payment Plan Option - 3 payments of \$500**
3. **Scholarship Option - \$200 deposit (plus completed scholarship application)**

PLEASE NOTE:

- All applicants who apply after May 1, 2015 will be required to pay \$1650 in full by June 23, 2015.
- Regular tuition has been discounted from \$2200 to \$1500 for all participants so that this incredible opportunity is more accessible to educators.

PAYMENT OPTIONS 1 & 2:

These options are for applicants who are NOT applying for a program scholarship and can afford to pay the full \$1500 at once or \$500 in three payments overtime. If you need a scholarship from the Breathe For Change GoFundMe fundraising campaign, please skip this section and fill out the Payment Option 3 section AND the additional Breathe For Change scholarship application form.

1. Pay in Full Option- \$1500 (submit with application)

 (Please initial): I agree to pay \$1500 in one payment with the application and cover all additional costs incurred while attending the program, such as housing, transportation, required books, writing journal, and any other school supplies.

2. Payment Plan Option - 3 payments of \$500

 (Please initial): I agree to pay 3 payments of \$500 (\$500 with the application, \$500 by May 1, 2015, and \$500 by June 23, 2015) and cover all additional costs incurred while attending the program, such as housing, transportation, required books, writing journal, and any other school supplies.

PAYMENT OPTION 3:

This scholarship option is available for those who DO NOT HAVE THE FINANCIAL RESOURCES to afford the discounted training (\$1500 or 3 payments of \$500), and without partial funding would not be able to register. We honor integrity at the highest level, so please only apply for this scholarship if you truly need it, as we want to allocate these funds to educators who do not have the means to attend.

3. Scholarship Option - \$200 deposit to secure your spot in the training.

 (Please initial): I agree to pay the \$200 deposit with this application. I understand

that this amount is non-refundable and holds my space in the training. My balance will be partially paid by Breathe For Change's fundraising GoFundMe campaign. The funds will be distributed among all accepted applicants who need scholarships. I agree to pay any outstanding monies due by 6/23/15.

****If you are applying for this needs-based scholarship, please fill out the Breathe for Change Scholarship form and submit it with this application****

HOW TO SUBMIT PAYMENT:

- 1) Go to: <https://www.paypal.com/webapps/mpp/send-money-online> and
- 2) Enter admin@breatheforchange.com
- 3) Enter the desired amount.
- 4) Select "This is for a good or service."
- 5) Then proceed with the next steps. If you don't already have a PayPal account, you'll need to create one -- it's super quick and secure. Alternatively, you can pay via check to:

Breathe For Change
P.O. Box 5161
Madison, WI 53705

AGREEMENTS FOR ALL APPLICANTS

_____ (Please initial): I agree to cover all additional costs incurred while attending the program, such as housing, transportation, required books, writing journal, and any other school supplies.

Balance Due & Refunds: Tuition payments must be paid in full before classes commence June 23, 2015. ***There are no refunds offered after payments are made (emergencies will be handled on a case-by-case basis).*** Late balance payment will incur an additional \$50 for every 5 days past due.

_____ (Please initial): I have read and understand the refund policy above.

OTHER PERTINENT INFO:

Cloud Nine Yoga 200-hr In-Depth Yoga Training and Teacher Certification requires you attend ALL scheduled activities, workshops and classes offered during the program. Personal studies, homework, and internship hours are required to complete certification.

ASSUMPTION OF RISK/Liability Release

_____ (Please initial) I am aware that participation in the Cloud Nine Yoga Madison, WI School with "Cloud Nine Yoga", hosted by "University of Wisconsin, Madison" may be a hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume. I acknowledge that I have read the LEGAL LIABILITY RELEASE and agree to the terms outlined in this

entire document.

LEGAL LIABILITY RELEASE

*As consideration for being permitted to participate in the Cloud Nine Yoga Certification course, including classes, activities, outings and travel, I hereby agree that I, myself, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith Calig, Breathe for Change, University of Wisconsin, and Cloud Nine Yoga, LLC for injury or damage resulting from my participation in any aspect of the Cloud Nine Yoga Teacher Training; including lectures, peer teaching, anatomy workshops, Asana Intensives or outside activities. I hereby release Erika Faith Calig, Breathe For Change, University of Wisconsin, and Cloud Nine Yoga, LLC and all agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in ANY offerings of Cloud Nine Yoga, LLC and for all claims, injury damages or liability suffered by me in connection with my participation. Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician. **I have carefully read this entire agreement and fully understand the above contents. I am aware and agree that this is a complete release of liability voluntarily assumed for my participation in all activities with “Cloud Nine Yoga, LLC”.***

Printed Name

Signature

Date

Application Submission:

Please send your completed application to: admin@breatheforchange.com. In the subject line, write “Application + your name.” If you are applying for the Breathe For Change Scholarship, please attach this registration form AND the scholarship application into one email.