

Cloud Nine Yoga :: Training & Certification Programs



Registration Information, Application & Agreement Form

Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas, make a copy for yourself and mail the ORIGINAL, along your administrative payment to: Cloud Nine Yoga, c/o Erika Calig, 45851 Palmetto Way, Temecula, CA 92592

NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE: _____ EMAIL: _____
(The one you use most) (The one you check most)

EMERGENCY CONTACT NAME: _____

PHONE: _____

Please answer the following questions regarding your yoga experience (use separate sheets or the back of this form as needed):

1. How many years have you been practicing yoga? Where are you practicing?
How many hours per week? What style/type of class?
2. What subjects/topics excite you most about this training? Why?
3. List your Goals/Intentions for this course experience.

Please answer the following questions regarding your medical/health history (use separate sheets or the back of this form as needed):

1. What medications are you currently taking?

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? If so, please describe where in your body, the diagnosis from your physician, 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 perfect), rate your emotional/mental health. Explain why you chose this number.

5. Do you have a religious/spiritual practice? 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.*

Payment Options:

(Please ✓ only one)

A. () I am registering for the 200-hr Basic Yoga Training Course. My \$400 deposit is enclosed. I chose to pay the remaining balance via the installment method (please submit payments directly to your lead trainers).

B. () I am registering for the 300-hr Advanced Yoga Training Course. My \$600 deposit is enclosed. I chose to pay the remaining balance via the installment method (please submit payments directly to your lead trainers)

C. () I am paying for my 200-hr Basic Yoga Training Course in FULL to receive the 10% discount. Enclosed is my payment of \$2699.

D. () I am paying for my 300-hr Advanced Yoga Training Course in FULL to receive the 10% discount. Enclosed is my payment of \$3419.

E. () I am a MILITARY Spouse approved for a FULL or PARTIAL Scholarship through MyCAA.

F. () I am a GRADUATE or REPEAT STUDENT of Cloud Nine Yoga School with Erika's direct pre-approval for total course cost of \$2279 (maximum discount available). Enclosed is my deposit \$500 to secure my spot.

_____ (Please initial): *I agree to cover all additional costs incurred such as books, optional outings, studio classes and pay separately for the required retreat.*

Payment method:

() Cash () Money Order () Check () I would like to use a credit card.

~ Writing a check or money order? Please make it payable to: **Cloud Nine Yoga**

~ Credit card instructions: <https://squareup.com/market/erika-calig>

Balance Due & Refunds: All installments are DUE on the dates listed on the Yoga Training Schedule for the current session. *There are no refunds offered once payments are made.* Late payments will incur an additional \$50 for every 5 days past due. Payments are surrendered for the scheduled topics, events and meeting times. Missed meetings incur private or semi-private make-up fees, which require approx 2.5 hrs at \$40 (shared private) – \$60 (solo private) *per hour*. Please schedule your make-up sessions with the instructor directly.

_____ (Please initial): *I have read and understand the refund and make-up session policies above.*

OTHER PERTINENT INFO:

As a student/graduate of Cloud Nine Yoga Trainings, you will receive *approximately 95 (200-hr) - 125 (300-hr) hours for the weekly curriculum courses, including asana intensives, anatomy, and lecture classes.* These hours will be applied toward your 200/300 Certification and Yoga Alliance RYT designations. Practice classes, homework assignments, internships, and a 3-day Retreat must also be attended for certification. *500 RYT candidates must also complete 100 hrs of teaching yoga classes.*

ACKNOWLEDGEMENT

_____ (initial) I hereby release Erika Faith Calig, Cloud Nine Yoga, LLC and all guest teachers from any liability or responsibility having to do with my personal health and physical safety during the Cloud Nine Yoga Training.

_____ (initial) I understand that I cannot hold Erika Faith Calig, Cloud Nine Yoga, LLC or any and all guest teachers or faculty responsible for my personal responsibilities, including: showing up, completing required hours, homework and enjoyment of any and all classes, workshops, programs and retreats. I agree to do my part in positively participating with the group activities and show cooperation to fellow attendees. *I acknowledge that I am not obligated to participate in any or all of the activities provided -- but my fees will be surrendered for the planned activities.*

ASSUMPTION OF RISK

_____ (initial) **I am aware that participation in the Cloud Nine Yoga Teacher Training with “Cloud Nine Yoga” may be 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 Cloud Nine Yoga 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 and Cloud Nine Yoga for injury or damage resulting from my participation in any lesson, class, workshop, excursion or activity. I hereby release Erika Faith Calig and Cloud Nine Yoga 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 training. 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 “Erika Faith Calig” and “Cloud Nine Yoga, LLC”.

Printed Name

Signature

Date

PLEASE MAKE A COPY OF THIS ENTIRE FORM FOR YOURSELF BEFORE MAILING.