

Cloud Nine Yoga Cedar Rapids, IA  
200-hr In-Depth Yoga Training & Teacher Certification



cloud nine yoga  
studio & school

*Sept. 25-Dec. 11, 2017*  
*Every Monday 5:30-9:30pm*  
*Weekends 12:30-7:30pm*  
*Sept. 30/Oct. 1, 21, 22/Nov. 4, 5, 11, 12*

*Facilitated by: Erin McGuire and Andrea Parks*  
*At Toula Yoga*

**Registration Information & Agreement Form**

*Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas, make a copy for yourself and send the ORIGINAL via email to erin@purelightwellness.com, make the \$400 deposit payment to: Cloud Nine Yoga and drop the check off, or mail to Toula Yoga 2720 1<sup>st</sup> Ave NE Suite 108, Cedar Rapids, IA 52402*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(The one you use most)

(The one you check most)

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

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?
  
2. How many hours per week? What style/type of class?
  
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:

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

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 in detail where in your body, the diagnosis from your physician, 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 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.*

***In ADDITION to this there will be a fee for a retreat. Options vary from \$550 and up depending on what retreat option you want (local vs. international).***

***Please make \$400 deposit out to Cloud Nine Yoga-check only.***

**Payment Options:**

(Please ✓ only one)

A. ( ) \$400+ (I choose the installment method, 4 payments of \$685=2,740) **add 3% if using credit**

B. ( ) \$400 deposit+ \$2540 (payment in full by 10/10/16- Early Bird discount) **add 3% if using credit**

\_\_\_\_\_ (Please initial): I agree to cover all additional personal costs incurred such as transportation, optional outings, book purchases, journal and other “school supplies”. I also understand that I am required to pay for and attend a 3-day Cloud Nine Yoga retreat as part of this training.

**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: Toula Yoga

**Balance Due, Refunds & Make-ups :** All deposits and first installments are due before classes commence February 6, 2017. ***There are no refunds offered after payments are made.*** Any adjustments in attendance are the participant’s responsibility. *Late balance payment will incur an additional \$50 for every 5 days past due.* If you miss a meeting or lecture, hours must be made up. Make-up sessions incur a \$50 per hour private session fee. Please schedule with instructor in advance, if possible.

\_\_\_\_\_ (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 practice/studies & homework, internship hours, and a Cloud Nine Yoga Retreat are all required to complete certification and must be done outside the class meetings on your own time.

**ASSUMPTION OF RISK/Liability Release**

\_\_\_\_\_ (initial) I am aware that participation in the Cloud Nine Yoga Cedar Rapids School 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 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".*

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Printed Name

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Signature

Date

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

