

**Cloud Nine Yoga Huntington Beach-Irvine: In-Depth Yoga Study & 200-hour
Basic Teacher Certification (RYT 200)**

**Fridays 7:30 – 9:30 pm
Saturdays 12:00 – 5:00 pm**



cloud nine yoga
studio & school

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 mail the ORIGINAL, along with your administrative payment to: Cloud Nine Yoga, c/o Linda Crossley, 9612 Flounder Drive, Huntington Beach, CA 92646

NAME: _____ DOB: _____

ADDRESS: _____

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

EMERGENCY CONTACT NAME: _____

Relation to you: _____

EMERGENCY CONTACT NUMBER: _____

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. Tell us about your most memorable experience taking a yoga class.
3. What subject/topic excites you most about this training? Why?
4. Which specific aspects of this “Training Experience” attracted you?
5. List your Goals/Intentions as you embark on this transformation 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.*

Payment Options:

(Please only one)

A. () I am paying for the In-depth Yoga Study & 200-hour Basic Teacher Certification training course in FULL to receive the 10% discount. Enclosed is my payment of \$2699. Full payment must be received by April 1, 2016 in order to receive discount.

B. () I am registering for the In-depth Yoga Study & 200-hour Basic Teacher Certification training course. My \$400 deposit is enclosed with this application. I choose to pay the remaining balance via the installment method (4 installment payments of \$649.75 each will be submitted directly to the lead trainer on or before designated due dates, as outlined in the class schedule).

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

My Preferred Payment method:

() Cash () Money Order () Check

~ Are you writing a check or money order for the application fee? Please make it payable to: **Cloud Nine Yoga**

Balance Due, Refunds & Make-up Sessions: All installments are DUE on the dates listed on the Yoga Training Schedule for this 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 approximately 2.5 hours at \$40 (shared private) - \$65 (solo private) per hour. Please schedule your make-up sessions with the lead trainer directly.

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

HOURS (BREAKDOWN):

As a student of Cloud Nine Yoga Huntington Beach, you will receive a ***minimum*** of 80 hours of Accredited Yoga Training Curriculum in the weekly classes provided in the syllabus. Retreat must be purchased separately. You are responsible for personal studies, home/in-class yoga practice and homework (a minimum of 10 hours completed outside of class). An internship with a mentor yoga teacher (a minimum of 20 hours in their personal class, as an assistant) will be explained at the first meeting. Seva, “*selfless service*” (10 hours of volunteer work) is also required to complete certification. In addition, you are responsible for maintaining a personal yoga practice in the presence of a Cloud Nine Yoga teacher throughout the training (a minimum of 40 hours) as it is through this personal practice that students are able to integrate the material learned.

RETREAT:

Cloud Nine Yoga is unique in that we require every student to complete a 3-5-day Yoga Retreat. Several Cloud Nine Retreat options are available throughout the year and more details will be provided during the training. The cost of such retreats ranges from \$600 to \$900, depending upon the length and location of the retreat.

ACKNOWLEDGEMENT

It is my responsibility to be proactive about the health and safety of my body temple.

_____ (initial) I hereby release all training leaders, guest teachers, assistants and Cloud Nine Yoga from any liability or responsibility having to do with my personal health and physical safety during the Cloud Nine Yoga In-depth Yoga Study & Basic Teacher Certification training program.

_____ (initial) I understand that I cannot hold any and all Cloud Nine Yoga lead trainers, guest teachers, faculty or assistants 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.

LEGAL LIABILITY RELEASE

“As consideration for being permitted to participate in the Cloud Nine Yoga Huntington Beach In-depth Yoga Study & Basic Teacher Certification 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 any and all training leaders, guest teachers, assistants and/or Cloud Nine Yoga for injury or damage resulting from my participation in any lesson, class, workshop, excursion or activity. I hereby release any and all training leaders, guest teachers, assistants, 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. I hereby release Cloud Nine Yoga, LLC and all teachers, sites, and hosts for all claims, injury, damages or liability suffered by me in connection with my training, including retreats, classes, and intensives.”

ASSUMPTION OF RISK

_____ (initial) I am aware that participation in the Cloud Nine Yoga Huntington Beach In-depth Yoga Study & Basic Teacher Certification training program with “Cloud Nine Yoga”, including all classes, outings, workshops and retreats offsite or at the training host sites 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 the 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.

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 of and agree that this is a complete release of liability voluntarily assumed for my participation in ALL activities with the training leaders, guest teachers, assistants and “Cloud Nine Yoga, LLC”.

Printed Name

Signature

Date

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