

Cloud Nine Yoga Kauai
50-hr Yoga Essentials Training + Certificate



Facilitated by Erika Faith Calig + Special Guests
Registration Application & Agreement Form

Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas, scan and email to: Erika@cloudnineyoga.com or send to our Cloud Nine Yoga Headquarters mailing address: 28544 Old Town Front Street Ste 300, Temecula, CA 92590

NAME: _____ D.O.B. _____

ADDRESS: _____

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

EMERGENCY CONTACT (NAME/PHONE/RELATION TO YOU):

WHICH TRAINING DATES ARE YOU APPLYING? _____

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. What subject/topic excites you most about this training? Why?

4. 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.

** 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 do not claim, nor desire to be an alternative for proper medical or psychological care.*

Tuition: \$1499 (includes manual, meets Sat/Sun/Tues at PHCC Aloha Room)

Payment method (please check one):

_____ Enclosed is my deposit of \$374.75 to reserve my spot in the training. The remaining balance of \$1124.25 is due on or before 12/13/17.

_____ I choose to pay in FULL at this time to receive a 10% discount. Enclosed is my Check or Money Order for \$1349.10 made out to: *Cloud Nine Yoga*

_____ I would like to use a credit card (please call Erika at 310-989-0878 for invoice)

Balance Due & Refunds: All payments are due in FULL one month prior to our first class. Student surrenders tuition fees to reserve space in the course, whether attended or not. We have a strict cancellation policy due to the nature of this event. Cancellations up until November 13 are refunded less 25%. Cancellations after November 13 are refunded less 50%.

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

_____ (Please initial): I agree to cover all additional personal costs incurred such as transportation, book purchases, snacks/ meals, and school supplies. Supplies such as mats and other props are not provided.

OTHER PERTINENT INFO:

Cloud Nine Yoga 50-hr Yoga Essentials Training and Certificate require you attend ALL scheduled activities, workshops and classes offered during the program. Personal studies and homework are also required to complete certification.

ASSUMPTION OF RISK/Liability Release

_____ (Please initial) I am aware that participation with “Cloud Nine Yoga” & “Erika Faith Calig” 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, Cloud Nine Yoga, guest instructors/interns, and our site location for injury or damage resulting from my participation in any lesson, class, workshop, excursion or activity. I hereby release Erika Faith Calig, 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 Erika Faith Calig 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” & “Erika Faith Calig”.

Printed Name

Signature

Date

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