



200 HR Teacher Training Registration

Contact Information

Legal Name	
Preferred Name	
Mailing Address	
City, ST, Zip	
Cell Phone	
Email	

Yoga Experience and Teacher Training Interest

How long have you been practicing yoga? _____

What style(s) of yoga do you practice regularly and where? _____

What style(s) of meditation have you practiced and for how long? _____

Besides yoga, please list any other types of physical activity you typically engage in and how often (e.g., running—3 times a week; dancing—once a week.)

Why are you applying for a 200 HR Yoga Teacher Training Program?

--

Are you currently teaching yoga? _____ If so, where? _____

What teaching/leadership skills do you currently embody that would support your future work as a yoga teacher?

--

What specifically interests you about the Sage Yoga & Wellness Yoga Teacher Training program?

--

How do you plan to apply your yoga skills to your life and work?

Anything else you would like to share about yourself?

This program offers a powerful, personal application of the philosophy of yoga to your life. While it will be very rewarding on across levels of being, it can be challenging. Are you committed to being 100% in the process for yourself? Please explain.

Emergency Contact Information & Health History

Emergency Contact	
Relationship	
Phone	
Email	

Do you have any specific injuries we should know about? ___Yes ___No
If yes, please explain.

Are you currently or were you within the last 6 months under the care of a physician or mental health specialist for any reason? ___Yes ___No
If yes, please explain.

Liability & Image Waiver

I _____ (print full name) understand that yoga includes physical movement. Physical activity carries with it certain inherent risks that cannot be entirely eliminated. As is the case with any physical activity, the risk of injury, even serious or disabling, may be present in a yoga practice. I hereby assert that my participation in the Sage Yoga & Wellness Teacher Training program is voluntary, and that I knowingly assume all such risks.

I recognize it is my responsibility to practice modifications, and I take responsibility for speaking with the teacher if I come to class with injuries or am pregnant.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sage Yoga & Wellness, LCC, Marisa Weppner, other teachers who may be present, and other teacher training participants.

I have read and understood this assumption of risk. I acknowledge that I am signing freely and intend my signature to complete the assumption of the inherent risks of participating in the Yoga Teacher Training provided by Sage Yoga & Wellness.

This waiver also provides Sage Yoga & Wellness with the right to use any images taken in the program for promotional materials. If you would like not to participate in this way, check here: _____

Signature: _____ Date: _____

Registration Fee and Tuition Overview

Registration Fee: \$100 USD

Enclose cash or check or mark the box for your credit card to be charged this amount upon receipt of application. This fee becomes non-refundable 5 business days after application processing

Tuition: \$2700 USD

This price includes 220 hours of modules, plus support and review of your personal project or thesis. If not paying in full, down payment is \$500. Monthly payment plans are available on the remaining balance, to be paid off in 12 months.

Books: \$120-\$500 USD

This is an estimated book cost for required books depending on where you purchase them, and which modules you take.

- Cash or check for \$100 is enclosed, or has been paid online.
- Please charge my credit card for the application fee of \$100.

Name on Card: _____

Card Number: _____

CVC: _____ Credit Card Type: _____ Expiration: _____

Registration Signature

By submitting this registration, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the SYW Teacher Training Program, any false statements, omissions, or other misrepresentations made by me on this registration may result in my immediate dismissal without refund.

Signature: _____ Date: _____

Print Name: _____

Registration Checklist: Your registration is not complete without the following:

Complete Registration Form ____ Signed Registration ____
Signed Liability Waiver ____ Registration Fee ____