

**Cloud Nine Yoga Cedar Rapids: Master Yoga Training
and Advanced Teacher Certification with Erin McGuire and Andrea Franz Parks**

At Toulou Yoga, Cedar Rapids, IA

February 6-June 19, 2017



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 \$600 deposit payment written out to: Cloud Nine Yoga, and drop off or send to Toulou Yoga. Please make deposit to Cloud Nine Yoga- checks only and send to Toulou Yoga: 2720 1st Ave NE #108, Cedar Rapids, IA 52402

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

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? How many hours per week? What style/type of class?
2. Tell us about your most memorable experience teaching yoga.

3. What subject/topic excites you most about this training? Why?
4. Which specific aspects of this 5-month Program attracted you?
5. List your Goals/Intentions as you embark on this Yoga Training adventure:

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

1. Is there anything about your medical history you'd like us to know?
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 ideal), rate your emotional/mental health. Explain why you chose this number.
5. Do you have a religious/spiritual practice? If yes, 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 note: in **ADDITION** to the fees below, there is a **RETREAT** that is also required for certification. Lowest price option is \$700 for 3 nights/4 days at Prairie Woods in Cedar Rapids, other international options are available to choose from.

(Please ✓ only one) Application and Deposit Due November 15th 2016

A. () \$600 deposit to Cloud Nine + **INSTALLMENT** plan: 5 payments of \$660 total of \$3300)

Please **add 3% if paying by credit card/paypal**

B. () \$600 deposit to Cloud Nine + **FULL PAYMENT** plan \$3,100 (payment in full by 2/6/17- the first day of class- cash or check) total of \$3700

add 3% if paying by credit card/paypal

_____ (Please initial): I agree to cover all additional personal costs (approx. \$200) incurred such as transportation, optional outings, book purchases, journal and other "school supplies". *I also understand that I am required to attend a minimum 4-day Cloud Nine Yoga retreat at an additional cost between \$700 - ? depending on the destination within 1 year of attending the course to complete required hours.*

Payment method:

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

~ Writing a check or money order? Please make deposit payable to: Cloud Nine Yoga (\$600 deposit) and to Toulou Yoga (for everything else).

~ Credit card processing is through Toulou Yoga, or Paypal

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/make-up policy above.

OTHER PERTINENT INFO:

As a student of Cloud Nine Yoga Cedar Rapids, you will receive **a minimum of 130 Contact Hours during this Yoga Training course.** The completed hours are applied toward Certification. Yoga Alliance requires Personal practice (average 50 hrs), Studies & homework (average 50 hrs), Internship hours (average 50 hrs), Retreat (average 50 hrs) and Teaching (100 hrs) to complete the 500 RYT title. Yoga Alliance 200 RYT requirements are offered upon request. Advanced Certification from Cloud Nine Yoga is awarded upon conclusion of this program when all standards are met. A Certificate of Completion of Advanced Yoga Studies is given for those not requesting Teacher Certification.

ASSUMPTION OF RISK/Liability Release

_____ (initial) I am aware that participation in the Cloud Nine Yoga's Cedar Rapids School 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, LLC, Erin McGuire and Pure Light Wellness, or Andrea Parks and Toulou Yoga, LLC 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, LLC, Erin McGuire and Pure Light Wellness, or Andrea Parks and Toulou 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 Schools and for all claims, injury damages or liability suffered by me in connection with my participation at any meeting location. 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", Erin McGuire and Pure Light Wellness, or Andrea Parks and Toulou Yoga, LLC.

Printed Name

Signature

Date

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