

**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

September 6-June 7th



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

NAME: _____

ADDRESS: _____

PHONE: _____

(The one you use most)

EMAIL: _____

(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? 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. 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) Price does not include retreat.

A. () \$600 deposit + (I choose the installment method 10 payments of \$340)

add 3% if paying by credit card/paypal

B. () \$600 deposit +\$3199 (payment in full by 9-6-19– cash or check, Early Bird pricing) **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”.

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: Cloud Nine Yoga

(\$600 deposit) and Toulou Yoga (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 June 7th, 2020. ***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 Temecula, 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 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 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".

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Printed Name

Signature

Date

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

