

Cloud Nine Yoga Cedar Rapids - Prenatal Yoga Teacher Training

With Andrea Franz Parks and Tammy Bayer
At Toulas Yoga, Cedar Rapids, Iowa (Also available virtually via Zoom)

September 10-12, 2021, October 8-10, 2021, November 5-7, 2021, December 3-5, 2021
Fridays 5pm-9pm, Saturdays 9am-7pm, Sundays 9am-5pm

Registration Information & Agreement

Please read and fill out this form completely to register. Include your initials in the designated areas, make a copy for yourself and mail the original, along with your \$400 non-refundable deposit payment to: Toulas 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 program attracted you?

5. List your goals/intentions as you embark on this yoga training adventure:

6. Tell us a little about your personal experience with pregnancy/birth.

7. Have you ever participated in a prenatal yoga class?

8. Do you anticipate taking this class in person at Toula Yoga in Cedar Rapids, or virtually via Zoom? (This preference can change if space allows)

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.

4. On a scale of 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/Toula Yoga collects this information to get to know you. All answers are seen only by our facilitators and kept confidential. We do not discriminate based on age, race, religions, 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 check only one)

Total investment for this Prenatal Yoga Teacher Training depends on registration/payment date.

- A. () \$400 deposit + (I chose the installment method 3 payments of \$425, one installment due on each of the following dates: 9/10/2021, 10/8/2021, 11/5/2021.) **add 3% if paying by credit card/paypal.**
- B. () \$400 deposit + \$995 (payment in full by 6/10/2021) **add 3% if paying by credit card/paypal.**
- C. () \$400 deposit + \$1095 (payment in full by 7/10/2021) **add 3% if paying by credit card/paypal.**
- D. () \$400 deposit + \$1195 (payment in full by 8/10/2021) **add 3% if paying by credit card/paypal.**

_____ (Please initial): I agree to cover all additional personal costs incurred such as transportation, optional outings, book purchases, journal, and other "school supplies".

Payment method:

() Cash

() Check () Money order (Please make checks/money orders payable to: Toula Yoga)
() I would like to use a credit card (we will contact you regarding payment. Credit card processing is through Toula Yoga or Paypal)

Balance Due, Refunds & Make-ups: **Registration and deposit is due before 8/10/2021.**

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 class meeting or lecture, hours must be made up. Make-up sessions incur a \$50 per hour private session fee. Please schedule with the 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/ Toula Yoga, you will receive a minimum of 85 contact hours during this yoga training course. The completed hours are applied towards certification. It is the responsibility of the student to decide if they want to obtain Yoga Alliance certification. While this training meets all Yoga Alliance certification requirements, we cannot guarantee YA certification for any individual participant.

Assumption of Risk/Liability Release:

_____ (Please initial): I am aware that participation in Cloud Nine Yoga/Toula Yoga Teacher Training may be a 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 a 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 of 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 School and for all claims, injuries, damages, or liability suffered by me in connections with my participation at any meeting locations. 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".

Printed Name

Signature

Date