

Children "Grow with Yoga" Teacher Training Application



Today's Date: ____/____/20____

Full Name: _____

Date of Birth: ____/____/____ Gender: _____

Are you a registered sex offender? _____

Session you are applying for begins: _____ / _____ / 20____

Name to Print on Certificate of Completion: _____

Name you prefer to be called: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Work Tel: _____ Home Tel: _____ Cell : _____

E---mail: _____

Emergency Contact-Name: _____ Relationship to you: _____

Work Tel: _____ Home Tel: _____ Cell : _____

Please answer **ALL** of the questions on the following pages. Attach additional sheets of paper if more room is needed.

1. Why do you want to become a Children's Yoga Teacher?

2. Do you have a prior experience with yoga? Y N

If so, do you have a personal practice? Y N

If you answered "yes", what style of Yoga do you practice?

3. How do you foresee using your RCYT 95 hour Certificate?

4. Do you have any other certifications or advanced degrees?

5. Do you have any health concerns, major or minor injuries, disease or health limitations (so that we can make this training a safe and enjoyable one for you)?

6. Are you able to dedicate 30 minutes per day to your personal study and practice of yoga?

7. Are you physically able to sustain an elevated heart rate for 20 min? Y N

8. Are you able to attend all of the scheduled/required sessions (if not, please explain)?

9. Is there anything else you want to share with us as we consider your application?

Tuition & Payment Plans

(please check one option)

Standard Tuition Rates

OPTION 1: Early Payment Tuition Plan (\$1995)

\$500 due within 10 days of acceptance into program

\$1495 due 30 days PRIOR to first weekend module

OPTION 2: Base Tuition Plan (\$2200)

\$500 due within 10 days of acceptance into program

\$1700 due on or before first day of training

OPTION 3: Extended Payment Tuition Plan (\$2500)

\$500 due within 10 days of acceptance into program

\$400 due on or before the start of each weekend module (5 payments) only through pre---authorized credit card or bank account auto drafts (please complete Auto---Draft Authorization page of this app).

Cancellation

There are no refunds with the exception of verifiable medical emergency. If you do not complete the program, any outstanding tuition balance remains due and will be drafted accordingly. Unused tuition may be applied to a future teacher training or one held at an alternate Black Mountain Yoga location.

Black Mountain Yoga reserves the right to cancel any program at any time. If this occurs, a full refund will be issued.

For questions about this application please call or email us. Please allow 7 days for your application to be approved. You will be notified by email of your acceptance status. Please make sure all of your contact information is correct.

Applicant's Signature/Date

If you have chosen Tuition Option 3, please complete this Automatic Bank/Credit Card Draft Authorization.

Automatic Draft Authorization

Automatic Credit Card Charge

Cardholder Name _____

Card Type MasterCard Visa

Card Number _____

Expiration Date _____

Security Code (3 digit code on back of card) _____

Billing Zip _____

Automatic Bank Account Draft

Account Holder's Name: _____

Bank Routing # _____

Account # _____

I authorize the automatic charge/debit funds from the above credit card/bank account according to the terms of Tuition Option 3, outlined earlier in this application.

Signature Date _____