

PERSONAL INFORMATION

Name		D	Date of Birth		
To obtain your persor	nal mantra, please	provide your time and loca	ation of birth:		
Time	City, State/Prov	vince, Country			
Address Street No. & Name			Apartment/Suite numbe	er	
City		Province/State	Country		
Postal/Zip Code		Email Add	lress		
Phone Numbers					
	Ноте	Work	Mobile		
Emergency Contact _	Relationship				
Phone Numbers					
	Ноте	Work	Mobile		
YOGA EXPERIENCE					
Years of Practice:	Fre	equency of Practice:	days/week	_hours/day	
Styles or traditions of yoga (provide any style of yoga that you have experienced):					
MEDITATION EXPERIENCE					
Years of Practice:	Fre	equency of Practice:	days/week	_minutes/day	
Styles or traditions of meditation (provide any style of meditation that you have experienced):					

If you are a yoga or meditation teacher, please provide your training/certification details, years of teaching and tradition or style:

What does yoga and meditation means to you?

Why you want to become a yoga teacher?

What are your expectations in this program?

HEALTH INFORMATION

If you have any health concerns (physical or emotional), injuries (old or new) or limitations that could require modifications to your yoga and/or meditation practice, please provide this information below. Please note that your health condition is not a factor in your acceptance into the program, but will ensure that the program is adapted to ensure your safety and comfort. All information provided is kept strictly confidential. If you do not wish to submit this information via email, please contact us directly.

AGREEMENT

I, ________ certify that all information provided above is accurate to the best of my knowledge. I agree to attend 100% of the Amana Yoga Teacher Training (YTT) course requirements. If, for extenuating circumstances, I am unable to achieve 100% attendance, I will make arrangements to make up for missed time at my own expense and with the approval of the Amana Yoga Director of Teacher Training. I acknowledge that Amana Yoga has the right to withhold my certification if I fail to meet the course requirements or fail to develop the necessary skills to competently and safely teach yoga to others. I agree to conduct myself, as a teacher and a student, in a professional and ethical manner to contribute to a safe and respectful atmosphere of every yoga and meditation program in which I participate.

Tuition and Payment Options:

Tuition; includes binder, printed material and free yoga for 10 months.	\$3200
Tax (HST @ 15%)	<u>\$480</u>
Total	\$3680

\$500 plus tax Deposit is due at time of application submission.

Payment Option A

Pay \$500 plus tax (plus tax=\$575) deposit at time of registration and \$2700 plus tax (plus tax = \$3105) prior to the start of classes.

Payment Option B

Pay \$500 plus tax (plus tax=\$575) deposit at time of registration and five monthly payments of \$540 plus tax (plus tax = \$621 per month starting the first month that classes begin. A 5-month automatic withdrawal will be set up.

Attendance Policy:

A minimum of 200 hours of YTT curriculum is required, 180 hours of which must occur with an approved Amana Institute instructor. There are no exceptions to this policy. If participants miss time during the YTT program, they are required to make up the hours missed by attending and paying for another program at the Teacher Training level with a certified Yoga Alliance teacher from Amana Yoga or at another facility as approved by the Director of Teacher Training. If fewer than 5 hours are missed, these hours can be made up by attending private classes at Amana Institute's studio at the participant's expense. When hours missed exceed 5 hours, additional hours must be made up at a program or workshop at the teacher training level, at the participant's own expense. Participants must make up these hours and the content in order to receive their certificate of completion.

Refund Policy for Withdrawal:

The \$500 plus tax (plus tax=\$575) deposit is refundable up to 30 days before start of the course. Once course starts there are no refunds. Concessions can be made for medical reasons with a doctor's note.

Signed,