

DISCOVERY YOGA TEACHER TRAINING

In the Kripalu Tradition

200-Hour Certification at Padma Yoga

APPLICATION FORM

Please complete this form and mail it or bring to studio with your payment to PADMA YOGA, LLC, 5 Utility Drive, Suite 15, Palm Coast, Florida, 32137 Studio - 386-225-4733, Cell - 904-377-4217 Email - mickipadma@gmail.com
NOTE: We have a limited enrollment. Sign up early to assure your space.

ATTACH
PHOTO
HERE

Early-Bird Discount _____ **SIGN - UP DATE:** _____

Weekends

Training Date (beginning) October 6, 2023 _____

TUITION: \$ 2750.00 _____ **LESS DISCOUNT:** _____ **LESS DEPOSIT \$500** is deducted from
BALANCE: _____ your balance. (NON-REFUNDABLE)

ENCLOSED IS MY CHECK FOR \$ _____ **ZELLE 904377742177**

BILL MY CREDIT / DEBIT CARD \$ _____ **NOTE: 3% will be added if you pay with a card.**

Credit Card # _____

Exp Date _____ Security Code _____

Signature _____

Name: _____ Female Male Birthday: _____

Mailing Address: _____

City, State, Zip: _____

Telephone (home): _____ Telephone (work): _____

Telephone (cell): _____ Email: _____

Occupation (If you're not currently employed, your vocation, training, or profession): _____

How did you find out about this program? _____

Number of years practicing hatha yoga: _____ How has your involvement changed and developed over time? What does yoga mean to you? _____

_____ Are you currently taking yoga classes? No Yes

How many times per week? _____

What tradition / style? _____ How long have you been taking the class? _____

Comments: _____

Other relevant education and/or training (indicate type, level, length of training):

Are you currently teaching yoga? No Yes How many times per week? _____

_____ -week series On-going class Substitute

What tradition? _____ How long have you been teaching? _____

Comments: _____

Why did you choose Discovery Yoga Teacher Training at Padma Yoga? _____

HEALTH INFORMATION

Describe your present state of health: _____

Physical limitations: _____

Serious illness, injury or major surgery within the last two years: _____

- Under medical treatment or supervision for: _____
- Current psychotherapy, counseling or psychiatric treatment: _____
- Hospitalization for psychiatric care within the last two years: _____
- Drug or alcohol history _____

HEALTH INFORMATION (continued)

Please check and clarify any of the following conditions that apply to you

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Arthritis: _____ <input type="checkbox"/> Asthma: _____ <input type="checkbox"/> Chronic sinus condition: _____ <input type="checkbox"/> Diabetes: _____ <input type="checkbox"/> Endocrine conditions: _____ <input type="checkbox"/> Epilepsy: _____ <input type="checkbox"/> Glaucoma: _____ <input type="checkbox"/> Hernia: _____ <input type="checkbox"/> Hypoglycemia: _____ <input type="checkbox"/> Heart conditions: _____ <input type="checkbox"/> High blood pressure: _____ <input type="checkbox"/> Low blood pressure _____ <input type="checkbox"/> Intestinal conditions: _____ <input type="checkbox"/> Osteoporosis: _____ <input type="checkbox"/> Recent injuries: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Recent surgery: _____ <input type="checkbox"/> Spinal conditions: _____ <input type="checkbox"/> Ulcers: _____ <input type="checkbox"/> Urinary conditions: _____ <p>WOMEN:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Menstrual conditions: _____ <input type="checkbox"/> PMS symptoms: _____ <input type="checkbox"/> Pregnant (due date): _____ <input type="checkbox"/> Hysterectomy: _____ <input type="checkbox"/> Menopause symptoms: _____ |
|---|---|

Please describe any other physical or mental conditions that would be helpful for your instructor to be aware of. List any medications you are taking and the conditions you are taking them for. You may use back of application to complete.

In case of emergency, please contact:

Relationship: _____ Telephone: _____

Physician: _____ Telephone: _____

Therapist: _____ Telephone: _____

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Discovery Yoga Inc. or my instructor liable for any mishaps arising from my participation in yoga class.

Signature _____ Date _____

Discovery Yoga affiliates are members of a network of Discovery Yoga Teacher Trainers spiritually affiliated with Discovery Yoga, Vilano Beach, St. Augustine, Fl. Discovery Yoga Teacher Trainers are independent and Discovery Yoga Inc. is neither responsible nor legally liable for the activities conducted by this affiliate teacher trainer.

Please sign this agreement and return with your registration form.

CANCELLATION POLICY

- All refunds or transfers of credit for studio classes and /or programs will be charged a 20% cancellation fee.
- If you drop out of the program after the start date, there will be no refund.
- You may, however, transfer your tuition (less all applicable fees) to another program or use as credit for studio classes.

CERTIFICATION REQUIREMENTS

In order to receive your Discovery Yoga Teacher Certification your tuition must be paid in full, and regular attendance is required. Missing more than two days of training, or missing practice teach sessions could put your certification in jeopardy. If, due to circumstances beyond your control, you are unable to attend a few sessions, a reasonable effort will be made to allow you to make up the material, however there is no guarantee that this will happen in time for you to graduate with your class. In addition to training sessions, home practice and independent study assignments are required to integrate the material learned in class.

You must demonstrate your knowledge and understanding of yogic concepts and practices by successfully completing written and practical examinations. If necessary, you may re-take the exams until this understanding is demonstrated. During mandatory practice teach sessions you must demonstrate an ability to guide and teach yoga classes using the methodology presented in the training. All required work must be completed before graduation.

As a final certification requirement, it is important that you be balanced and conscious in your behavior and adhere to the code of ethics outlined below.

CODE OF ETHICS

The nature of yoga (union of body, mind and spirit), on or off the mat, is to open the body and psyche through which profound transformation can occur. As teachers of yoga, we are stewards of the trust our students place in us. It is our responsibility to uphold and foster a safe and sacred environment in which to allow this work to happen. It is essential that anyone teaching Discovery Yoga have a high degree of personal integrity and maintain clear boundaries in the role of serving the students.

Holding ourselves as teachers places us in a position of power over our students, however subtle or obvious. We become their mentors, facilitators and helpers. Some students may idealize us or project that we are wiser or more evolved than they are.

As professionals, we must remain aware of this power dynamic and never exploit the vulnerability of a student for personal gain or gratification. Professional organizations (such as Discovery Yoga Center, Kripalu Center, Insight Meditation Center, The American Psychological Association, etc.) require waiting periods of 6 months to 2 years before acting on an attraction that began in a care-giving or mentor-student context.

Students need to have a place to come where they can safely open their hearts, observe their own deeper dynamics and be free from sexual distractions and conditioned behaviors. Because of this, we ask that yoga teachers refrain from sexual involvement with students.

The intention is not to be punitive or repressive. Although our first commitment is to practice restraint with romantic involvement, we recognize that an attraction between a student and teacher could develop, with care and sensitivity, into a healthy, conscious relationship.

AGREEMENT

1. I agree to hold myself as steward of safe and sacred space by refraining from romantic or sexual relationship with any student. I understand that a sexual or romantic relationship is potentially distracting and possibly even harmful for the student who has come to do inner work. I will not invite, act on, respond to or allow sexual, romantic contact during the time that person is a student in my class, even if the student is the initiator.
2. If a romantic attraction does develop with a student, I agree to seek support and clarity from an objective party before involving the student or acting on the attraction.
3. I understand that the purpose of this agreement is to protect the environment of sanctuary for the students and to support the clarity, consciousness and self-responsibility of individuals. I agree that my purpose as a yoga teacher is to serve the students' personal exploration. I agree that I will avoid any activity or influence that is in conflict with the best interests of the students or is solely for my own personal gain or gratification.

I have read and understand the terms and conditions as outlined in this document, and agree to be bound by these conditions. I understand that I must meet the above criteria to in order receive certification. I agree to honor this code of ethics.

Name _____

PLEASE PRINT

Signature _____ Date _____

Keep this copy for your records.

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