**SHINING WATERS YOGA
2019 YOGA TEACHER TRAINING REGISTRATION**

Upon successful completion of the program and demonstration of teaching ability, a certificate will be issued by Shining Waters Yoga and Integrative Yoga Therapy that will allow you to register with the Yoga Alliance as an RYT200 (registered yoga teacher). You will also be eligible to register with the International Association of Yoga Therapists (IAYT). If you are interested in becoming a yoga therapist, you can pursue options through IAYT which requires an additional 800 hours of training (accredited programs can be found at: iayt.org).

Please fill out this form and return it with your $500 deposit to: Cheryl Sidwell, 113 Parker Rd., Salisbury, MD 21804. If you prefer to pay by credit card, you can do so through Paypal. Please contact me for more information at Cheryl.sidwell@gmail.com or call 571-332-4865.
\*Payment in full (or arrangement for other payment options offered) is due by September 15. Contact me if you wish to discuss payment options.

**NAME:
ADDRESS:
PHONE: EMAIL:
AGE: OCCUPATION:

EMERGENCY CONTACT:
RELATIONSHIP TO YOU:
PHONE:**

*\*It is strongly encouraged that you have practiced yoga for at least 2 years before embarking on this yoga therapy teacher training.*
What is your current experience with yoga?
(Please describe your current yoga practice, how long you have practiced, what styles of yoga you are familiar with, and whether or not you currently use any yoga techniques in your occupation)

Describe what interests you in yoga– the physical postures, breath, meditation, service, philosophy, working with special populations, therapeutic yoga, etc.?

List any physical limitations that affect your practice, and any medical conditions I should be aware of:

Do you have experience, including teaching experience, in related disciplines?

Have you studied anatomy? If so, please explain.

Why do you wish to participate in our Teacher Training program?

Is there anything else you want to share?

**REFUND POLICY:** Your $500 deposit is not refundable, unless the training is canceled due to unforeseen circumstances or lack of registration. Only in the case of medical emergency or similar inability to continue in the program will refunds be considered after October 6, 2019.
*(In such cases, you will be refunded the remaining $2300 cost of the training minus $255 for each weekend you attended).*
**Your signature and deposit indicate that you are committed to the program and that you understand these terms.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***What if I miss a weekend?***
If you need to miss part of a weekend due to illness, professional or family obligations, you will be able to make it up via Skype and written assignments given by the teacher. If you miss an entire weekend, you will need to schedule a meeting in person with Cheryl. There will be a $100 fee for this additional meeting time. You will be required to do a written assignment and Skype session as well. You may not miss more than one weekend! If you cannot commit to the dates listed, please do NOT register, as there are limited slots available.

**Agreement of Release and Waiver of Liability**

**Please read the terms of this Agreement carefully**.

Shining Waters Yoga (Cheryl Sidwell) offers a variety of yoga/exercise/educational programs, as well as local and international yoga retreats.

I acknowledge that yoga is a physical activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

I fully understand and agree that in participating in any yoga class there is the possibility of physical injury. I fully agree, therefore to assume all costs and risks of any such injury to myself which might occur during any and all yoga classes with Cheryl Sidwell of Shining Waters Yoga. I understand I should check with my physician before engaging in strenuous exercise. I release from liability of injury related to participation in this yoga therapy teacher training Cheryl Sidwell, and all other persons, participants, or organizations conducting business with or connected with Cheryl Sidwell or Shining Waters Yoga.

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above release and waiver of liability and fully understand its contents.

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Signature Date

*Thank you for considering the Teacher Training 200 Program.*