



Yoga style(s) /Tradition(s) \_\_\_\_\_

***Please answer the following 2 questions in 1-2 short paragraphs and attach to application:***

1. Describe your personal practice.

2. Why do you wish to be a Certified Yoga Teacher at this time in your life?

## **The Program**

### **A. Contact Hours:**

This is a 5 month program which meets 2 weekends per month January through May. Fridays 6-9pm, Saturdays and Sundays 11am-7pm.

Weekend meeting dates:

Contact hours will also involve:

- 20 attended yoga classes with approved Joya instructors
- 3 observed yoga classes with approved Joya instructors
- 3 assisted yoga classes with approved Joya instructors

### **2JOYA TEACHER TRAINING APPLICATION**

Joya Yoga studios do not discriminate on origin, gender, age, disability or sexual orientation. The information contained in this application will be treated confidentially.

**B. Non-contact hours**

- Reading assigned texts and writing observations • Homework
- Teach 5 classes
- Attend 2 approved workshops

**Health Information:**

Current Health status: \_\_\_\_\_  
\_\_\_\_\_

Pregnant: Yes / No \_\_\_\_\_ Months at time of program

Under medical treatment/supervision for: \_\_\_\_\_

Current Injuries?  
Explain: \_\_\_\_\_

Chronic physical limitation handicap: \_\_\_\_\_ (e.g. vision, hearing, movement, etc.)

Nature and extent of limitation: \_\_\_\_\_  
\_\_\_\_\_

Prescription medications: \_\_\_\_\_  
(indicate dosage and frequency of intake)

**Emergency Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**3JOYA TEACHER TRAINING APPLICATION**

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Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**More Details:**

Dates: January - May

Price: Early Bird ( By October) \$3300

Regular Price: \$3700

Payment Plan: \$3900 (\$500 Monthly Installments with \$500 Initial Deposit due at sign up)

Teacher Training Program students will receive unlimited yoga classes at all Joya studios during the training.

Requirements:

***Declaration of Disclosure and Acceptance of Terms:***

I hereby declare the above information is true to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for the rejection of this application, expulsion from the program or revocation of certification. I understand that failure to complete the certification requirements will result in my not being certified. I understand that I am entitled to no refunds, credits or adjustments resulting from my failure to complete the certification requirements or uphold any of these conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**4JOYA TEACHER TRAINING APPLICATION**

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