



Yoga Legacy™

WWW.YOGALEGACY.COM

Yoga Legacy Teacher Training Program

Name:	Phone:
Address:	Cell:
City:	Email:
State: Zip:	
Birth date (mo/day/yr)	Current Physical condition: Please circle one
Weight: Height:	Excellent Good Poor
Are you currently under the care of a physician for any medical condition?	If yes, please provide a Doctor's release to participate in this training.
Yes No	
Dou you have any conditions that may limit your ability to participate in any physical or yoga activities? Yes No	Please list:
List any history of injuries, accidents, chronic conditions, illnesses, surgeries, physical or psychological conditions with dates.	List here:
List any medications you are currently taking?	Prescription or Non-prescription

Yoga Experience – length of time practicing:

What is your current occupation and location?

List any current fitness/wellness experience and or certifications:

List any Previous Yoga Training (type of training, dates, location), or experience

What are your reasons for taking this training?

Training Registration

Please select the type of training program below

Prerequisite for all training programs is Yoga Basics (Module 1)

Flexible Module-by-Module Training

(Pay-As-You-Go) This is the most flexible training program

Note: Please make sure you sign up at least two weeks prior to your selected training module to avoid any late fees.

First Training Date is _____

Location _____

85 Hour Yoga Foundations Course

Comprised of 4 specific training modules that will prepare the instructor to teach a safe, well-rounded yoga class. This course is designed to run in sequence.

First Training Date is _____

Location _____

220 Hour Yoga Teacher Training

Consist of 8 core modules and 2 specialty trainings. This training fully complies with the standards set forth by the Yoga Alliance and qualifies the instructor to apply for registration with the Yoga Alliance as an RYT200.

First Training Date is _____

Location _____

300 Hour Advanced Yoga Therapeutic Essentials Training

Prerequisite – minimum 200 hour training from a recognized and registered school with the Yoga Alliance. Selection of advanced workshops and trainings exceeding 270 contact hours and 30 non contact hours. After completion the instructor qualifies to apply for registration with the Yoga Alliance as an RYT500.

Enrollment Date _____

To avoid transfer fees PRIOR arrangements must be made to the schedule BEFORE the start of the training session. Please contact Yoga Legacy by phone/email for exemptions to any missing training due to emergencies.

Exceptions to training program

Please document any approved exceptions or approved changes to the above training or schedules. Please note the Module that you will miss. If you know the new training date that you plan to make up this training, please list this as well. You will be responsible for signing up for the replacement training via email at least 15 days prior to the training start date, or incur late registration charges.

To keep our training pricing as economical as possible, we must charge for changes made after the start of the program. Switching Modules after the start of training will incur switching fees dependent on when notification is received as noted on website and Policies Manual. These fees apply to whichever is sooner; the module trainee is switching from or switching to.

No-shows with no prior notification (before the module training day begins on Day 1) will require the trainee to pay the FULL price for the Module the next time it is offered.

I understand all requirements and fees as noted above and fully understand that some trainings may not run due to low enrollment and the missing modules may need to be rescheduled due to this possibility. I also understand and agree that Yoga Legacy may not offer the missing Module in the future and if this occurs, I will be refunded the pro-rated portion of my full payment for the missed module(s) if they do not run. Modules may be attended at a future time with proper notification.

Signature: _____