

Yoga Teacher Training

Yoga Teacher Training Program APPLICATION PROCESS & CHECK LIST

We will email you when we receive your materials to confirm your spot in class.

- Application with Essay (see page 3 for essay details)
- Application fee (\$50 non refundable)
- 2 Letters of Recommendation
- Physician's / Health Care Providers Approval Form
- School Transcript / Copy of Diploma

The next step is for you to fill out the enrollment form and send it along with your tuition deposit.

You will also need to complete an Adult CPR-AED, 1st Aid class. Ideally this is completed before you start. It is required by the end of the second month of classes.

- Enrollment form
- Tuition deposit of \$750
- First Aid, Adult CPR-AED Class

Next purchase your books and supplies and get ready to begin.

- Textbooks
- Yoga Mat
- 2 Yoga Blocks
- Yoga Blanket
- Yoga Strap
- Notebook & pen
- Highlighters
- Colored Pencils
- Professional workout clothes to wear to class
- I will practice yoga 4 times a week every week between now and the training beginning in October.
- I will practice yoga 4 times a week every week during the duration of the teacher training.

Yoga Teacher Application

Please type or print clearly

General Information:

E-mail address: _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____ Male Female

Address _____ City _____
_____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Cell Phone _____

Occupation: _____ Place of employment _____

Work address _____

Emergency phone numbers (day & night) _____

In case of emergency contact: _____ Relationship _____

Previous Fitness/Exercise and Related Education:

List and describe briefly. Use a separate sheet if necessary.

Educational Background:

(Please state your name on school record, if different) _____

Name _____ City/State _____ Dates Attended _____

Degree High School _____

Degree College _____

Tech/Vocational _____

Other Professional Courses _____

Health Status:

Allergies (to medication, foods, nuts, oils, latex, other) _____

Special medications needed: insulin, inhaler etc _____

Include a 1 page summary of your YOGA Experience first, then desired goals from taking this program.

Signed: _____ Date _____

Office Use Only

Date App Rec'd
App Fee Cash/Ck
Essay Enclosed
2 Letters of Rec
Date of Interview
Actp Ltr Emailed
Date Dep Rec'd
Deposit Amt
Dep Paid Cash/Ck
Dep Rec'd emailed
Transcripts/Diploma
PAF
CPR-AED/1st Aid

Yoga Teacher Training Enrollment Form

2019 Enrollment Form for the Yoga Teacher Training Program

Return this form with your Tuition Deposit to:

Fox Valley School of Massage

P.O. Box 615.

Neenah, WI. 54957-0615

Class Schedule: Wednesdays and 7 Saturdays

Yoga Teacher Trainer Certification Tuition \$3500.00

Tuition Deposit of \$750.00 paid to secure spot in class.

Tuition deposit is non-refundable.

I will pay the remaining tuition of \$2750 on the first night of class

I will pay the remaining tuition of \$2750 utilizing the payment plan

The first day payment is \$850.

Payment plan: April 1. \$700. May 1. \$700 and June 1. \$500

By signing below you are agreeing to provide payment as indicated by your check mark above.

Signature: _____

Date: _____

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Zip Code: _____

Tuition Deposit: \$ _____ Paid: Cash or Check _____

Please initial:

I have read and understand the payment policies.

I understand that attendance is required

I will get my books now and complete the 8 weeks with Rodney Yee before the start of the program as I want to be a Yoga Teacher.

I understand that I will buy my books & supplies for this program.

Yoga Teacher Training Program
Post Office Box 615 • Neenah, WI 54957-0615
Phone: (920) 915-0744

Physician's / Health Care Provider Approval Form

All students enrolling into the Yoga Teacher Training Program offered need to see their Health Care Practitioner prior to classes starting. The following information must be filled out by one of the following: a MD, a Physician's Assistant or a Nurse Practitioner and returned to FVSM before classes start.

Today's Date: _____

Student's Name: _____

Class Enrolling In: _____

Health Care Practitioner's Name: _____ **Title:** _____

Health Care Practitioner's Signature: _____ **PH#:** _____

1) Is the student physically capable of participating in a Yoga Program? YES NO (*circle one*)

Comments: _____

2) Is the student free of any communicable skin diseases or rashes? YES / NO

If no, what precautions should be taken? _____

3) Please list all medications and indicate if any require special precautions.

(EXAMPLE: Is this person taking any insulin, anti-coagulants or blood thinners?)

Comments: _____

4) Please list all medical conditions and indicate if any require special precautions.

(EXAMPLE: Is this person an insulin dependent diabetic?)

Comments: _____

If you have any questions about this form, please contact us at (920) 915-0744.