



Shamanic Yoga Institute
2018 300 hr. Teacher Training Program

First Name: _____

Last Name: _____

Name to be Printed on your Certificate:

Email Address: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact + Number: _____

Street Address: _____

City: _____

Province / State: _____

Country: _____

Postal Code: _____

Personal Information

There are no wrong answers, we are interested in getting to know you to deepen our experience together and to better know how we can support you.

I have been practicing yoga for the following number of years: _____

The primary yoga style I practice is: _____

My primary Yoga teacher(s) is/are: _____

What qualities in your primary teacher(s) inspire you and what qualities might you hope to embody?

Do you have any experience with Shamanism?

If so, please describe and list your teachers and lineage.

Do you have any experience with ceremony? If so please describe.

List any other interesting things you think we should know about you?

Do you teach yoga at present?

If Yes, how many classes a week?

What style of yoga do you teach?

What is your level of training in the style that you teach?

Did you receive a certificate?

Why do you want to teach yoga (if you already teach, why do you)?

What do you do for work?

What do you do for play?

What are the current stressors in your life?

What are your coping mechanisms?

What is your living environment (who do you live with, any pets etc) ?

What does your support network consist of and look like?

Why do you want to do this particular teacher training?

What are your expectations for this training? What do you hope to gain, learn, or work on?

What are you most excited to study in this training, and why?

What previous training do you have that could help with becoming a teacher?

What is your level of asana practice? Beginner Intermediate Advanced

Physical Health

How would you evaluate your current health?

Excellent

Good

Some Challenges

Are you working through any physical injuries or limitations presently?

If so please give a brief description:

Do you have epilepsy?

Diabetes?

Are you currently, or during the last two years have you been under the care of a physician or other health care professional?

Please list the following information about your healthcare provider:

Name:

Specialty:

Phone Number:

Please list any medications you are currently taking or have taken in the last year that were prescribed by a healthcare professional:

Are you currently, or during the last two years have you been, under the care or supervision of a mental health professional (psychiatrist, therapist, etc.)?

If yes, please describe for what condition:

Please list the following information for your mental health care professional

Name:

Specialty:

Phone Number:

Please list any medications you are currently taking that were prescribed to you by a mental health professional:

Have you been hospitalized in the past year?

If yes, for what condition? _____

Do you have any special dietary requirements? If yes, please list:

Do you currently suffer from an eating or exercise disorder, or have you been treated for an eating or exercise disorder in the past? _____

Please explain:

Please explain your willingness to be fully committed and attend 100% of the training?

Please make any additional comments here or include additional pages with the application:

Investment:

\$900 for each direction (module) = total investment of \$3600 (including GST)
If you pay in full, you will receive a discount of \$50 for each direction = total investment \$3400 (including GST)

Your spot is held with completion of application and payment of your non-refundable deposit of \$200. Please note your deposit is included in your tuition fee.

Email your completed application to:

chris.selda@gmail.com or cindyestockdale@gmail.com

You will be notified by e-mail of your status within a week after your application is received.

Your investment includes a manual.

Receipt of your deposit will be followed with a recommended reading list.

Payment Plans:

- Option One
 - Full payment at the time of registration **\$3400** (incl. \$200 deposit)
- Option Two
 - Deposit 20% at the time of registration **\$720** (incl. \$200 deposit)
 - Payment 80% on the first day of classes **\$2880**
- Option three
 - Deposit 20% at the time of registration **\$720** (incl. \$200 deposit)
 - Payment #1 – 40% on the first day of classes **\$1440**
 - Payment #2 – 40% on an agreed upon date (approximately 1/3 through) **\$1440**

If you have not received confirmation by email, please contact

Christine Selda: 604.815.0948 (home) / 604.848.5017 (mobile) OR

Cindy Stockdale: 503.707.9734

CANCELLATION POLICY:

You have up to **January 27, 2017** to cancel in order to receive a refund less a non-refundable deposit fee of \$200.00.

If you cancel, you may not substitute a friend in your place.

Cancellations under 15 Days before the start or during the training will result in a credit towards future trainings expiring after 2 years of the original date.

Please sign and return:

X _____ **date:** _____

** I have read and agree to the terms and policies stated above.*