

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training

Registration Forms and Application

Please fill out and return the following forms*:

- Registration and Payment Information
- Auto-Payment Registration
- Payment Agreement
- Questionnaire
- Setting Your Intentions
- Health History Form
- Covenant Not-To-Compete

** Keep copies of all forms for your personal records*

Return original forms with payment and payment option deadline:

Indra's Grace: A Yoga & Meditation Studio
131 West Church Street, 200
Weatherford, TX 76086

If you have any questions please contact:

Jenny Reitz
817-774-5892
jennifer.a.reitz@gmail.com
www.indrasgrace.com

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
Registration and Payment Information

Name: _____

Spiritual Name: _____ Birth Date: _____

Home # _____ Cell # _____

Email Address _____

Address _____

City/State/Zip: _____

Referred by: _____

Payment Options: (Please check one option)

Early Registration discount before November 27, 2016: \$3550

Pay in Full with cash, check, or credit card before November 27, 2016.
\$750 non-refundable deposit included.

Early Registration Payment Plan before November 27, 2016: \$3750

\$750 non-refundable deposit paid with cash, check or credit card before November 27, 2016.
Balance of \$3000 paid in 10 monthly auto-payments of \$300. Auto payments will be processed the 15th of every month.

Pay in Full after November 27, 2016: \$3750 (space permitting)

\$750 non-refundable deposit paid with cash, check, or credit card due before January 8, 2017.
Balance of \$3000 paid in cash, check, or credit card due on or before January 22, 2017.

Payment Plan after November 27, 2016: \$3950 (space permitting)

\$750 non-refundable deposit due by January 8, 2017.
Balance of \$3200 paid in 8 monthly auto-payments of \$400. Auto-Payments processed on the 15th of each month.

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
Auto-Payment Information

If you have chosen the Payment Plan please fill out information below completely.

Name on Credit Card: _____ Credit Card Type _____

Credit Card #: _____ Exp. Date _____ 3 Digit Code _____

Billing Address _____ Zip Code _____

Signature: _____

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training Payment Agreement

TERMS AND CONDITIONS BETWEEN PARTICIPANTS AND INDRA'S GRACE

Payment Methods

Payable by cash, check, money order, or credit card.

Payment plan auto-payments by credit card only.

Deposit

There is a non-refundable deposit of \$750.00 for all participants.

Auto-Payment Amount and Dates

The early registration payment before November 27, 2016 has 10 auto-payments of \$300 on the *15th of each month*.

The payment plan after November 27, 2016 has 8 auto-payments of \$400 on the *15th of each month*.

Cancellations/Withdrawals

To withdraw from the course before it begins we must receive your request in writing before January 20, 2017. You will be eligible for a refund minus the non-refundable deposit of \$750.00.

To withdraw from the course after it begins we must receive your request in writing before March 3, 2017. Once the course begins you will be eligible for a refund minus the non-refundable deposit of \$750.00 and a pro-rated amount of the course. No Refunds will be granted for requests received after March 3, 2017.

Agreement

- By agreeing to these terms, the participant agrees to pay fully for the course according to the agreed upon plan you have selected.
- If you miss any session of the course OR withdraw from the course after May 9, 2017 you are still responsible for all payment installments.
- If you miss an auto-payment, you will not be allowed to participate in the following training weekend until the payment has been made.

I agree to the above terms and conditions for registration and participation of Indra's Grace Yoga In-Depth Studies and Teacher Training Course. I understand that details of date, time and location are subject to change.

Signature: _____ Date _____

Print Name: _____

INDRA'S GRACE 
A Yoga & Meditation Studio

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
Questionnaire

Please use the back of this page to complete answering questions if needed.

Yoga Experience

Please list your previous yoga experience, including previous Yoga teacher trainings you have attended, meditation training, breathwork training, healer training, reiki training, etc.

Other Relevant Experience

Please list any other training or experience that you think may be relevant.

Why are you interested in the 300 advanced Teacher Training?

How did you hear about this Teacher Training?

Expectations

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

Areas of Interest

What are your favorite areas of interest in Yoga? What are you most interested in learning more about during teacher training.

Health Practices

Describe your diet, health, exercise practices and beliefs.

Are you presently teaching group classes and/or private lessons? Do you volunteer any classes?

What do you plan to do with your certification if accepted in our advanced 300 training?

Describe your current yoga practice. Is it daily? Do you attend classes regularly? Do you have a home practice? Are you willing to commit to a home practice?

Briefly describe any body/mind, energetic, or spiritual practices with which you are or have been involved currently or in the past.

Are you currently teaching yoga or another discipline (Pilates, martial art, meditation, etc.)? For how many years?

Are you willing to commit to working with a private lesson for 9 months?

Indra's Grace is looking for teachers that want to go out and share in community. We are looking to cultivate teachers that actively seek to be of service in the world. Is this you?

Feel free to Share. Please use rest of this page to tell us about yourself. We want to get to know you. Please include a current photo of yourself that we can keep on file with your application. If chosen for our 2017 training we will contact you by email.

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
Setting Your Intentions

Name: _____

Please list/set your intentions for personal transformation.

Spiritual Growth:

Mental/Emotional:

Health/Fitness:

INDRA'S GRACE 
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2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
Health History Form

Name: _____

In order to provide a safe and effective program it is important that you complete the following health history. Please answer questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

Please answer the following yes or no.

- I. Has your doctor ever told you that you have heart problems?
- II. Has your doctor ever told you that you have high blood pressure?
- III. Have you ever had a stroke or heart attack?
- IV. Do you ever have pain in your chest?
- V. Do you ever feel faint or have dizzy spells?
- VI. Have you had surgery in the last year?

Circle Appropriate Conditions

Diabetes Epilepsy Blood Pressure Asthma Cancer
Arthritis Heart High Cholesterol Seizures Inflammation

Have you injured or have pain in the following areas? Circle Appropriate areas.

Neck Upper Back Shoulders Elbows Pelvis
Knees Lower Back Hips Wrists Feet

If yes please explain

Are you currently taking any medications?

If yes please explain

Are you currently undergoing treatment from any of the following?

Physiotherapist, Chiropractor, Massage Therapist, therapist, or M.D

If yes please explain

Tell us about your physical health (major illnesses, surgeries, injuries or physical conditions we should know about). How are you addressing these?

Tell us about your emotional and mental health (previous or current therapy, type, length of time, eating disorders, bouts of depression, addictive behavior, etc). Note: Please understand that any difficult times you have gone through will be a bonus to your students who have their own difficult times. You will be able to help others with similar issues.

Is there any trauma in your history you would like us to know about?

What is your current exercise level?

How would you rate your level of stress on a daily basis? How do you cope?

Are there any other reasons/conditions that may affect or limit your participation in the program?

INDRA'S GRACE 
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2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
Emergency Contact Information

Name of Trainee: _____

Name of Emergency Contact : _____

Relationship to Trainee _____ Home # _____

Cell # _____

Nearest Relative: _____

Relationship to Trainee _____ Home # _____

Cell # _____

Address: _____

City _____ State: _____ Zip: _____

INDRA'S GRACE 
A Yoga & Meditation Studio

2017 Indra's Grace Yoga Advanced 300 Hour Teacher Training
COVENANT NO-TO-COMPETE

I understand and agree that Indra's Grace: A Yoga and Meditation Studio, in order to sustain and protect itself, requires that I enter into a Non-Compete Agreement. In exchange of this agreement, Indra's Grace will offer a 200 hour Yoga teacher training course which upon completion certifies you the student as an accredited teacher.

AGREEMENT

Now therefore You (Teacher in Training) and Indra's Grace: A Yoga & Meditation Studio agree as follows:

1. Non-competition. I understand and agree that upon my completion of the 200 hour yoga teacher training course that Indra's Grace: A Yoga & Meditation Studio will certify me as an accredited teacher and that I will not compete with Indra's Grace: A Yoga & Meditation Studio for a period of five years and within a ten mile radius of 131 West Church Street, Weatherford, Texas 76086, the current location of Indra's Grace: A Yoga & Meditation Studio. Specifically, I understand that in exchange for my accreditation I will not own, or operate, directly or indirectly, a yoga studio within the ten mile radius stated above and within the five year time frame.

The undersigned hereby agrees to be bound by these Terms and Conditions.

Student Printed Name _____

Student Signature _____

Date _____

Sandra Vanatko _____

Signature _____

Date _____