**AUM hOMe Shala**

**2016-17 YOGA THERAPY CERTIFICATION APPLICATION**

Thank you for your interest in AUM Home Shala Yoga Therapy Certification Program. We rely on information provided in this application to determine your capacity to participate in and benefit from all aspects of the program. Admission to the program is determined on a rolling basis. We strongly recommend that applicants submit applications as soon as possible.

To apply to the Yoga Therapy Certification program, please do the following:

1) Review information on program dates, costs, faculty, curricula, and general information about AUM Home Shala on our website ([www.aumhomeshala.org](http://www.aumhomeshala.org)).

2) Complete the attached program application in its entirety, including the short-answer questions. ALL APPLICATIONS MUST BE ACCOMPANIED BY TUITION.

4) Wait for a letter from AUM Home Shala confirming admission. This letter should arrive by e-mail within two weeks of the date of receipt of your application. If you do not have an e-mail address, we will send it by regular mail and will also call you to inform you of your status. AUM Home SHala reserves the right to also require a phone interview if deemed necessary to arrive at an admissions decision.

**Admissions Criteria**

1) General requirements: You must be at least 18 years of age, demonstrate English-language competency, and have received a high school diploma or GED.

2) Prior coursework/training: Yoga Therapy Program applicants must provide proof of 200-hour yoga teacher certification from a Yoga Alliance–approved school.

3) Complete and sign program application. **Include a copy of GED or diploma of highest degree completed. Submit proof of 200-hour yoga teacher training**.

Mail or hand-deliver all requested materials, along with payment to:

**AUM Home Shala**

**Attn: Melinda Atkins, Director**

**3104 Florida Ave.**

**Miami, FL 33133**

**OR**

electronically scan and send to: [info@aumhomeshala.org](mailto:info@aumhomeshala.org) and make payment via paypal.

**Yoga Therapy Application**

Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received (for office use only) \_\_\_\_\_\_\_\_\_

Enrolling: \_\_\_Module A \_\_\_Module B \_\_\_Module A & B

**Personal Information**

First name ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle initial \_\_\_

Name you prefer to be called

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_Gender \_\_\_\_\_\_

Current street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent street address (if different than above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip code\_\_\_\_\_\_\_\_

Day phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact:** First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_ Zip code \_\_\_\_\_\_\_ Day phone \_\_\_\_\_\_\_\_\_\_\_\_\_Evening phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

Have you received a high school diploma or GED? Yes No

Please circle the highest level of college education completed (number of years) 1 2 3 4

Advanced degree (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list schools attended, dates, and degrees obtained:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include a copy of your GED or diploma of highest degree completed with your application.

**Work**

Current occupation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years\_\_\_\_\_\_\_\_\_\_

Past occupation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years\_\_\_\_\_\_\_\_\_\_

**Fluency**

Are you fluent in English? Yes No If no, please describe your level of proficiency and other languages that you speak fluently:

**Prior coursework/training**

Successful completion of a 200-hour yoga teacher training from a Yoga Alliance–approved school is required for participation in the AUM Home Shala Yoga Therapy Certification Program

Are you a 200-hour certified yoga teacher? Yes No

If yes, from what school did you receive your training and when?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Include a copy of your certification with your application.

Professional Equivalent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Include Equivalent Certification for consideration.***

**Interest in Yoga**

How did you find out about AUM Home Shala’s Yoga Therapy Certification Program?

At AUM Home Shala Front Desk during visit\_\_\_\_Natural Awakenings ad\_\_\_\_

Yoga Alliance\_\_\_\_\_ Kripalu Yoga Teachers Assoc.\_\_\_\_\_\_ IAYT\_\_\_\_\_\_\_

Brochure\_\_\_\_ Facebook \_\_\_\_\_ Twitter\_\_\_\_\_ Instagram\_\_\_\_\_\_Newsletter\_\_\_

AUM Home Shala website\_\_\_Web search\_\_\_\_\_Referral Friend\_\_\_ Other \_\_\_\_\_

In order to help us determine where to best advertise our programs, please indicate what print and/or online yoga and wellness publications you read frequently:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please list previous Yoga teaching and training experience (length of time, specific teachers, types of Yoga). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please list any other training or experience that you think is relevant.

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4. Why are you interested in becoming a Yoga Therapist at AUM?

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5. What are your expectations as a student? What do you hope to gain, learn, or work on?

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6. List any other interesting things you think we should know about you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Specifically, what types of yoga do you mostly teach and to which age group(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Health Information**

Are you currently seeing a health care provider and,if so,what for?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any long-term prescription or over-the-counter medication?

\_\_\_Yes \_\_\_\_NO If yes, please list the medication and the reason for taking it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have or have you had:**

\_\_\_\_ Allergies  
\_\_\_\_ Anemia  
\_\_\_\_ Anxiety Disorder  
\_\_\_\_ Arthritis (\_\_\_\_Rheumatoid)  
\_\_\_\_ Asthma  
\_\_\_\_ Back Pain  
\_\_\_\_ Bladder or bowel control problems \_\_\_\_ Blood Thinners  
\_\_\_\_ Broken Bones  
\_\_\_\_ Cancer  
\_\_\_\_ Chest Pains  
\_\_\_\_ Chronic Fatigue Syndrome/Mono \_\_\_\_ Chronic Pain/fibromyalgia  
\_\_\_\_ Colitis  
\_\_\_\_ Depression  
\_\_\_\_ Diabetes  
\_\_\_\_ Digestive Problems  
\_\_\_\_ Dizziness, vertigo or loss of balance \_\_\_\_ Eating Disorder  
\_\_\_\_ Epilepsy  
\_\_\_\_ Eye Problems  
\_\_\_\_ Gastritis/ulcer  
\_\_\_\_ Glaucoma  
\_\_\_\_ Headaches  
\_\_\_\_ Hearing Difficulty  
**Women Only:**\_\_\_\_\_PMS or irregular period

If you answered yes to any of the above questions, please describe fully.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any injuries, surgeries, or other medical health

concerns:

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Please ask any questions or voice any concerns that you have about participating in yoga classes as a part of Yoga Therapy training:

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**Short Answer**

Please answer the following questions:

1) Explain your interest in Yoga Therapy, including your personal and professional goals within the field. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2) Describe your knowledge of Yoga Therapy philosophy and practice, including any personal experience with Yoga Therapy.

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3) Describe your personal experience with yoga philosophy and practice, including a description of your yoga practice.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4) The AUM Home Shala Yoga Therapy program is a rigorous program of study, involving a commitment to yoga practice, lecture, experiential study, homework assignments. After reviewing the AUM Home Shala Yoga Therapy curriculum online, what potential challenges do you foresee given the intensive nature of this program?

5) Please describe your plans for incorporating your Yoga Therapy training into your personal and/or professional life. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that all information submitted in this application is true and accurate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUM hOMe Shala Professional Disclosure Form and General Release**

We are delighted to have you as a Yoga Therapy student. The following information will help you get the most out of your Yoga Therapy program experience and clarify the role of a Yoga teacher. Please read and sign below.

1. All exercise programs involve a risk of injury. By choosing to participate in AUM Home Shala’s Yoga Therapy Program, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:

* Listen to and follow the yoga teacher’s instructions carefully.
* Breathe smoothly and continuously as you move and stretch.
* Do not hold your breath or strain to attain any position.
* Work gently, respecting your body’s abilities and limits.
* Don’t perform postures or movements that are painful.
* Ask if you are unsure how to perform a certain movement.
* Menstruating women should not practice inverted postures.
* Pregnant women must consult their health care provider before

enrolling in class.

1. It is always advisable to consult your physician before embarking on any training

Program that involves movement. Please complete the Health Information Portion of this application thoroughly and inform faculty members of any health conditions that could be affected by your practice of yoga or yoga therapy. If you are unsure about a condition, please speak to your teacher.

1. Awareness is fundamental to the practice of yoga. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. Though you will have many teachers through the course of the Yoga Therapy program, you remain primarily responsible for your safety and well-

being.

The undersigned assumes all risk of damage or injury that may occur as a student in AUM Home Shala Yoga Therapy, Yoga, or other classes, both while attending classes and following instruction at home. In consideration of being accepted as a Yoga Therapy student, the undersigned releases and discharges Melinda Atkins, AUM hOMe Shala, and its teachers and students from any and all claims, demands, actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned’s participation in yoga classes or practice of yoga outside of class. I have read, understand, and agree to the content of the Professional Disclosure Form and General Release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date Date

**RELEASE AND CONSENT TO VIDEO or PHOTOGRAPH**

For use to promote AUM hOME Shala Yoga Programs

Subject’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUM hOMe Shala established its Clinical Yoga Therapy Program in 2011 to promote the use of Yoga Therapy as an integrative, alternative, and complementary form of health care. I understand that AUM hOMe Shala routinely promotes the educational, health, and spiritual benefits of Yoga Therapy in rehabilitation. I also understand that AUM hOMe Shala creates teacher manuals and videos of technique to share with others.

I hereby consent to being the subject of photographs and videos taken for the above stated purposes and promoting Shala Yoga programs and hereby release AUM hOMe Shala from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon the use of my image and likeness as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**Enrollment and Payment**

**I am applying for (Please circle):**

\_\_\_\_\_Module A (Musculoskeletal)

\_\_\_\_\_Module B (Body Systems)

\_\_\_\_\_Module A & B

**Tuition (thru MAY 31, 2016):**

Module A: $3,6500  
Module B: $3,650

Module A & B (including $150 Discount): $7150

Application Fee: $100.00 (waived for tuition payment made by Nov. 1, 2015)

**Payment Information**

\_\_\_\_Enclosed is a check for $\_\_\_\_\_\_\_\_\_\_\_\_\_

***(please make check payable to AUM Home Shala)***

\_\_\_\_ To pay on-line via PayPal, please visit our website at http://aumhomeshala.org/trainings/500-hour-certification/

**Mail or Hand Deliver to: AUM Home Shala**

**Attn: Melinda Atkins, Director**

**3104 Florida Ave.**

**Miami, FL 33133**