



AUM hOMe Shala
Yoga Therapy
501 (c)(3) Non-Profit

Children's Yoga Specialist (CYS) Teacher Training Application

Personal Profile:

NAME _____ DATE: _____
Please Print

Birth date: _____ Company Name (if Applicable) _____

Mailing Address: _____

Phone (Home): _____ (Work): _____ (Cell): _____

E-Mail Address:

Emergency Notification: Name: _____ Relationship: _____

Emergency Contact Phone: _____

Primary Care Physician: _____

Occupation _____ Gender: ___ Female ___ Male

Activities, Hobbies, Interests _____

Interest in Yoga

1. How did you hear about AUM hOMe?

Yoga Journal ___ Brochure ___ Workshop ___ Conference ___

Natural Awakenings ___ Kripalu Yoga Teachers Association ___

Yoga Alliance ___ International Assoc. of Yoga Therapy ___ Other ___

2. Please list any previous Yoga experience (length of time, specific teachers, types of Yoga).

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

4. Why are you interested in becoming a Children's Yoga Specialist Yoga Teacher?

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

6. Please describe any injuries, surgeries, or other medical health concerns:

7. Please ask questions or voice concerns you may have about participating in the Children's Yoga Specialist Training:

Additional Comments:

AUM hOMe Shala Professional Disclosure Form and General Release

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

1. I am a Yoga Teacher at AUM hOMe Shala and have completed a thorough professional training in Yoga instruction. I have a Yoga Certification and am registered with the Yoga Alliance. Yoga is much more than physical exercise; it is a transformational practice that integrates body, mind and spirit. Yoga is a way of encountering and releasing physical, mental, and emotional tensions to arrive at deeper levels of relaxation and awareness.
2. All exercise programs involve a risk of injury. By choosing to participate in my Yoga classes, or any other classes at AUM hOMe Shala, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:
 - Listen to and follow 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.
3. It is always advisable to consult your physician before embarking on any exercise program. Please complete the Student Health Questionnaire Form and inform the teacher of any health conditions that could be affected by your practice of Yoga. If you are unsure about a condition, please speak to your teacher.
4. 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 I am your teacher, 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 classes, both while attending classes and following instruction at home. In consideration of being accepted as a Yoga student the undersigned releases and discharges Melinda Atkins, AUM hOMe Shala 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 Contact #

Student’s Name (please sign)

Emergency Contact Name & Phone #

Date

Release and Consent to Photograph

For use to promote AUM Home Shala Teacher Training and Yoga
Therapy Programs

(PLEASE PRINT)

Subject's Name: _____

Address: _____

Phone Numbers: (H) _____ (Cell) _____

AUM Home Shala established its Yoga Teachers Training Program in 2005. I understand that AUM hOMe routinely promotes the educational and health benefits of participating in the activities of on going Yoga classes and training programs.

I hereby consent to being the subject of photographs taken to promote AUM Home Shala Educational Yoga programs and hereby release AUM hOMe 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.

Date

Signature

Date

Melinda Atkins, M.ED., E-RYT500C
Director
Teacher Training Programs