



**Parkinson's and Other Neuro-Motor Degenerative Disease
Yoga Teacher Training Student Registration and Disclosure Form**

Please complete the following information, read the Disclosure and Photo Release Form and sign and date at the bottom of both forms. Please return forms to the Shala via email: info@aumhomeshala.org or post: 3104 Florida Avenue, Coconut Grove, FL 33133. All information submitted in this application will be kept confidential.

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: _____

Occupation _____ Gender: ___ Female ___ Male

Interest in Yoga

- How did you hear about AUM hOMe Shala?
Yoga Journal ___ Brochure ___ Workshop ___ Conference ___
Natural Awakenings ___ Kripalu Yoga Teachers Association ___
Yoga Alliance ___ International Assoc. of Yoga Therapy ___ Other _____
- Please list any previous Yoga experience (length of time, specific teachers, types of Yoga). _____

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3104 Florida Avenue
Coconut Grove, Florida 33133
www.aumhomeshala.org



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

4. Why are you interested in working with Parkinson’s and other neuro-motor degenerative disease?

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

6. Describe Your Daily Practice. State NONE if you do not have one.

7. Are you currently teaching yoga? Yes No

If so, describe the classes you teach: _____

8. Please ask questions or voice concerns you may have about participating in preliminary Parkinson’s and other Neuro-Motor Degenerative Disease training. Please use additional paper if necessary and attach to application.

Additional Comments:



AUM hOMe Shala

501 (c)(3) Non-Profit

AUM hOMe Shala Professional Disclosure Form and General Release

We are delighted to have you as a Yoga Therapy PD student. The following information will help you get the most out of our PD and other Neuro-motor Degenerative Disease workshop and clarify the role of our teachers. Please read and sign below.

1. AUM hOMe Shala Faculty members have completed a thorough professional training in Yoga and Yoga Therapy instruction. Faculty members are certified to teach Yoga and Yoga Therapy and are 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 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/Therapist 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 inform the teacher of any health conditions that could be affected by your practice of Yoga or participation in our Yoga Therapy program. If you are unsure about a condition, please speak to the Shala Director and PD Faculty Member.
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 our teachers are professionally trained, 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 and trainings, 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 and its Faculty Members 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 and Yoga Trainings 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 Name (please sign)

Date

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Coconut Grove, Florida 33133
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Release and Consent to Photograph

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

Subject's Name:

(PLEASE PRINT)

Address:

Phone Numbers: (H) _____

(Cell) _____

AUM Home Shala established its Yoga Teacher 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, Yoga Therapy, 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.

Signature

Date

Melinda Atkins, M.ED., E-RYT500C
Program and School Director

Date

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