



**AUM hOMe Shala**

501 (c)(3) Non-Profit

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

Please complete the following information as specifically as possible, read the Disclosure Form carefully, and sign and date at the bottom of both forms. All information submitted in this application will be kept confidential. Please return forms to Shala via email or post.

**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

**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). \_\_\_\_\_

Melinda Atkins, M.ED, E-RYT500C  
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:

\_\_\_\_\_

\_\_\_\_\_

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### **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.

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Student's Name (please print)

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Student's Name (please sign)

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Date

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**Release and Consent to Video or Photograph**  
For use to promote AUM Home Shala Yoga Programs

Subject's Name: \_\_\_\_\_  
(PLEASE PRINT)

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

Phone Numbers: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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