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

200-Hour Yoga Teacher Training (YTT)

STUDENT APPLICATION

Fully Online • Live Zoom Instruction + Distance Learning

Program Format

The 200-hour program combines live, synchronous instruction via Zoom with structured asynchronous distance learning. The curriculum is designed to meet Yoga Alliance RYS 200 educational standards. Specific schedules and instructional-hour requirements are provided upon enrollment.

Please complete this application as fully as possible. Your responses help us learn about your background, goals, availability, and any considerations that may support your participation in the training. Information submitted will be handled with care and shared only as reasonably necessary for program administration and instruction.

1. APPLICANT INFORMATION

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Pronouns (optional): _____

Mailing Address: _____ City/State/ZIP: _____

Phone: _____ Email: _____

Occupation/Profession: _____ Employer (optional): _____

Emergency Contact (Name & Relationship): _____

Emergency Contact Phone: _____

2. HOW YOU FOUND US

How did you hear about AUM hOMe Shala? ☐ Website ☐ Search engine ☐ Social media ☐ Referral ☐ Yoga Alliance ☐ Workshop/Event ☐ Other: _____

If someone referred you, please tell us whom:

_____

3. YOGA BACKGROUND

1. Please describe your yoga experience, including length of practice, styles/traditions, teachers, studios, retreats, or trainings that have been meaningful to you.

_____

_____

_____

2. How often are you currently practicing yoga, and what does your personal practice typically include?

_____

_____

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info@aumhomeshala.org /Aumhomeshala.org

4. EDUCATION, EXPERIENCE & PROFESSIONAL BACKGROUND

3. Please list any education, certifications, professional experience, teaching experience, or other training you believe is relevant to this program.

_____
_____
_____
_____

4. Have you previously taught yoga, movement, fitness, meditation, breathwork, education, healthcare, counseling, or another related discipline? If yes, please describe.

_____
_____

REQUIRED SUPPORTING DOCUMENTATION

Please attach a copy of your highest completed educational credential (high school diploma, GED certificate, college diploma, or university degree), and copies of certificates from any previous yoga teacher trainings or relevant yoga workshops/certifications, if applicable. Email these with your application to info@aumhomeshala.org.

_____

5. GOALS & INTERESTS

5. Why are you interested in becoming a 200-hour yoga teacher?

_____
_____
_____

6. What do you hope to gain, learn, strengthen, or explore through this training?

_____
_____
_____

7. Are there particular populations, age groups, settings, or communities you hope to serve as a yoga teacher?

_____
_____
_____

8. Are there particular areas of yoga that especially interest you (for example: asana, philosophy, anatomy, pranayama, meditation, sequencing, accessibility, or therapeutic applications)?

_____
_____
_____

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6. ONLINE LEARNING & SCHEDULING

Because the majority of the training is completed through live Zoom instruction, reliable participation in online sessions is an important part of the program.

TECHNOLOGY REQUIREMENTS

Students must have a reliable desktop or laptop computer, high-speed internet, and a working webcam and microphone. Basic computer literacy is required, including using Zoom and Google Classroom, downloading/uploading documents, submitting assignments electronically, and communicating by email. Students must meet these requirements before enrollment and throughout the training.

9. Do you have reliable internet access and a desktop or laptop computer with a working camera and microphone? ☐ Yes ☐ No

10. Are you comfortable using Zoom for live instruction? ☐ Yes ☐ No ☐ I may need assistance

11. Do you have a quiet, safe space where you can participate in live classes and practice yoga on camera? ☐ Yes ☐ No

12. Please describe your general weekly availability for live Zoom training (days, evenings, weekends, and time zone).

_____
_____
_____

13. Are there work, family, travel, accessibility, technology, or scheduling considerations we should know about when planning your training?

_____
_____
_____

7. LEARNING SUPPORT & ACCESSIBILITY

14. Is there anything about how you learn best that would help our faculty support you (for example: written instructions, visual demonstration, repetition, additional processing time, or other learning preferences)?

_____
_____
_____

15. Do you anticipate needing a reasonable accommodation to participate in the training? If yes, please describe what would be helpful. You may also discuss this privately with the Director.

_____
_____
_____

8. ADDITIONAL INFORMATION

16. Is there anything else you would like us to know about you, your goals, or your interest in AUM hOMe Shala?

_____
_____
_____
_____

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Health & Participation Questionnaire

Yoga is an individual practice, and each body has different needs. This questionnaire is intended to help faculty support safe participation and appropriate modifications during training. Please answer only as relevant to your participation. If a question does not apply, write N/A. This form is not a substitute for medical advice or medical clearance.

9. CURRENT HEALTH & PARTICIPATION

17. How would you describe your overall health and current level of physical activity?

_____
_____

18. Do you currently have any pain, injury, mobility limitation, balance concern, breathing difficulty, or other condition that may affect your participation in yoga practice? If yes, please describe.

_____
_____
_____

19. Have you had any significant injury, surgery, hospitalization, or medical procedure that may be relevant to your participation? If yes, please describe and include approximate dates.

_____
_____
_____

20. Are you currently under the care of a healthcare professional for a condition that may affect your participation in physical activity? ☐ Yes ☐ No. If yes, please explain only what is relevant to safe participation.

_____
_____

21. Are you taking any medication that may materially affect balance, alertness, blood pressure, heart rate, breathing, or physical activity? ☐ Yes ☐ No. If yes, please provide only information relevant to safe participation.

_____
_____

22. Has a healthcare professional advised you to limit or avoid any type of exercise, movement, breath practice, or inversion? If yes, please describe.

_____
_____
_____

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10. HEALTH HISTORY CHECKLIST

Please check any item that is current or may be relevant to your safe participation in yoga practice. Add details below as needed.

☐ Allergies

☐ Arthritis or significant joint pain

☐ Asthma or other breathing condition

☐ Back or neck pain

☐ Balance concerns, dizziness, or vertigo

☐ Bone fracture history

☐ Cancer or current cancer treatment

☐ Cardiac condition or chest pain

☐ Diabetes or blood-sugar concerns

☐ Epilepsy or seizure disorder

☐ High or low blood pressure

☐ Joint replacement, implant, or recurrent dislocation

☐ Neurological condition

☐ Osteopenia or osteoporosis

☐ Pregnancy or postpartum considerations

☐ Recent surgery or procedure

☐ Significant vision or hearing limitation

☐ Sleep disorder or significant fatigue

☐ Other condition relevant to participation

☐ None of the above

Please provide any details, precautions, modifications, or concerns that would help faculty support you safely:

_____
_____
_____
_____
_____

Is there anything you would prefer to discuss privately with the Director or a faculty member before beginning the training?

_____
_____
_____

11. HEALTH ACKNOWLEDGMENT

I understand that I am responsible for participating within my own abilities and limitations, communicating concerns to faculty, and seeking advice from a qualified healthcare professional when appropriate. I understand that AUM hOMe Shala faculty do not diagnose medical conditions or provide medical treatment through the 200-hour Yoga Teacher Training.

Applicant Initials: _____ Date: _____

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12. PROGRAM PARTICIPATION ACKNOWLEDGMENT

☐ I understand that the AUM hOMe Shala 200-Hour Yoga Teacher Training is a professional educational program requiring active participation, preparation, respectful communication, and completion of assigned work.

☐ I understand that the 200-hour program combines live, synchronous instruction via Zoom with structured asynchronous distance learning. The curriculum is designed to meet Yoga Alliance RYS 200 educational standards. Specific schedules and instructional-hour requirements are provided upon enrollment. Students must complete all program requirements within nine months.

☐ I have read the Technology Requirements and confirm that I have, or will obtain before enrollment, the equipment, internet access, and basic computer skills required for online participation.

☐ I understand that completion requirements, scheduling, assignments, attendance expectations, tuition/payment policies, and other program policies will be provided separately and must be satisfied before a certificate of completion is issued.

☐ I certify that the information provided in this application is accurate to the best of my knowledge. I understand that submitting an application does not by itself guarantee admission.

Applicant Name (print): _____ Date: _____

Applicant Signature: _____

13. REQUIRED MEDIA RECORDING & CONSENT

AUM hOMe Shala records most Yoga Teacher Training sessions as part of the educational delivery of the program. Because participation may include a student's image, voice, name, comments, demonstrations, presentations, or other contributions captured during recorded training sessions, media consent is a required condition of enrollment.

Required acknowledgment:

☐ I understand and consent to the recording of training sessions and grant AUM hOMe Shala permission to record my image, voice, name, words, demonstrations, presentations, and other participation in connection with the 200-Hour Yoga Teacher Training. I understand that recordings may be used for educational purposes related to AUM hOMe Shala programs and may be made available to enrolled students and faculty as appropriate.

Applicant Initials: _____ Date: _____

14. APPLICATION SUBMISSION

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REQUIRED BOOKS & MATERIALS

Students are responsible for purchasing the following three required textbooks. Books may be purchased from the retailer of their choice. Prices are approximate and are not included in tuition.

- *The Yoga Sutras of Patanjali*, Sri Swami Satchidananda — $18–$20
- *To Know Your Self*, Sri Swami Satchidananda — $13–$16
- *The Golden Present*, Sri Swami Satchidananda — $15–$18

Estimated total: $46–$54, excluding tax and shipping. New or used copies are acceptable unless a specific edition is required by faculty.

CANCELLATION, WITHDRAWAL & REFUND POLICY

Because AUM hOMe Shala makes faculty, scheduling, administrative, and program-planning commitments in reliance on each student's enrollment, the following cancellation and refund policy applies to all 200-Hour Yoga Teacher Training enrollments.

Cancellation 4 weeks or more before the student's scheduled program start date: Tuition paid will be refunded, less a $100 nonrefundable administrative/processing fee.

Cancellation less than 4 weeks but at least 1 week before the scheduled program start date: 50% of tuition paid will be refunded, less the $100 nonrefundable administrative/processing fee.

Cancellation less than 1 week before the scheduled program start date: Tuition and fees are nonrefundable.

After the program begins: Once a student has begun the program, all tuition and fees are nonrefundable. This applies if a student withdraws, discontinues participation, determines that the program is not a good fit, or is unable to complete the training for personal, professional, scheduling, health, travel, technology, or other reasons. No refunds or prorated tuition will be issued for missed sessions, incomplete coursework, or voluntary withdrawal after the start date.

Program changes and cancellation by AUM hOMe Shala: Course requirements, schedules, faculty assignments, delivery methods, and tuition are subject to reasonable change. Additional costs may apply for required books and materials. If AUM hOMe Shala cancels the program because of under-enrollment or another reason and does not provide a reasonable alternative, tuition paid for the cancelled program will be refunded.

By signing below, I acknowledge that I have read, understand, and agree to the Cancellation, Withdrawal & Refund Policy, including the provision that tuition and fees are nonrefundable once the program has begun.

Student Initials: _____ Date: _____

By signing below, I acknowledge that I have read, understand, and agree to the required Media Recording & Consent provisions above.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

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Application checklist: ☐ Completed application ☐ Highest educational credential ☐ Prior yoga training certificates (if applicable)

Please return the completed application by email to info@aumhomeshala.org. You may complete the Word document electronically or print, complete by hand, and return a clear scanned copy or photographs of all pages. Please retain a copy for your records.

Questions? info@aumhomeshala.org | aumhomeshala.org

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Assumption of Risk / Release of Liability

AND INDEMNITY AGREEMENT

ASSUMPTION OF RISK

I recognize that participation in yoga classes, training activities, movement practices, and related programs may involve risks, including the possibility of injury. Being aware of these risks, I voluntarily choose to participate in AUM hOMe Shala ("Shala") programs and accept the risks associated with that participation. In consideration of being accepted as a student, I, on my own behalf and on behalf of my heirs, administrators, executors, and successors, release and covenant not to sue the Shala, its officers, directors, employees, volunteers, faculty, and others associated with the Shala, including Melinda Atkins, for claims arising from my participation, except to the extent such a release is prohibited by applicable law. I agree that I am responsible for medical expenses I may incur as a result of injury sustained while participating in Shala programs.

I have read and understand this acknowledgment of risk and release of liability and voluntarily sign below.

Student Name (print): _____ Date: _____

Student Signature: _____

INDEMNIFICATION & HOLD HARMLESS

I agree to indemnify, defend, and hold harmless AUM hOMe Shala ("Shala"), its officers, directors, employees, volunteers, faculty, and others associated with the Shala, including Melinda Atkins, from claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including reasonable attorney's fees, arising from or related to my participation in Shala programs, classes, and events, except for those arising from willful misconduct and/or gross negligence of the above-named parties, as applicable.

I have read and understand this indemnification and hold harmless agreement and voluntarily sign below.

Student Name (print): _____ Date: _____

Student Signature: _____

APPLICATION SUBMISSION

Please complete this application electronically in Microsoft Word or another compatible word-processing program. When finished, save a copy for your records and return the completed application by email to info@aumhomeshala.org. You may submit the completed Word document (.docx) directly; converting it to PDF is optional.

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