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kula kamala foundation & yoga ashram

empowering communities through Yoga & Yoga Therapy

200 hour Yoga Teacher Training Application

Today's Date _____

Personal Information

First Name _____ Last Name _____

Spiritual Name or Name You Prefer to be Called _____

Address

Street _____

City _____ State _____ Zipcode _____

Country _____ State/Province _____

Birthday _____

Home Phone _____ Cell Phone _____

Email _____

Recommended By _____

I am applying for enrollment in the following 2018 program (check one):

_____ February 18 - March 17, 2018

_____ April 25 - May 22, 2018

_____ August 1 - August 28, 2018

_____ November 1 - November 28, 2018

Have you been practicing Yoga for at least one year? (Y/N) _____

Describe the style of Yoga you usually practice? _____

How many days per week to you practice Yoga? _____

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Who have been your primary Yoga teachers? _____

Are you currently certified? By who? At what level? _____

Do you have a home practice? (Y/N) _____ How many days each week? _____

Do you practice meditation? (Y/N) _____ How many days each week? _____

List any specialty workshops you have attended in the last year. _____

Why are you interested in this 200YTT program? What do you expect to receive from this training? _____

Are you currently under a doctor's care? (This information is kept confidential) (Y/N. If Yes, provide details) _____

Are you currently taking prescription medications? Which ones and for what reason? _____

What is the greatest obstacle or concern you have concerning participation in this or any YTT? _____

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Do you now have or have you ever been diagnosed or treated for (this will not exempt you from acceptance to the program). Check all that apply:

- _____ Heart Disease
- _____ Uncontrolled High Blood Pressure
- _____ Cancer
- _____ Diabetes
- _____ Autoimmune Condition
- _____ Psychological Concern
- _____ Joint Replacement
- _____ Pace Maker
- _____ Stroke
- _____ Surgical Screws, Plates, Rods
- _____ Bi-Polar Depression
- _____ TBI, Brain Injury or Tumor
- _____ MS
- _____ Lymes
- _____ Fibromyalgia
- _____ Thyroid Disease
- _____ Eating Disorder
- _____ Addiction to Alcohol or Drugs
- _____ I am Currently Pregnant Due Date _____ At-Risk? Y/N _____
- _____ Other Health Concern: Please explain _____

- _____ I currently have NO health concerns

If you selected any of the above conditions please explain with some detail including timeline, diagnosis, past and current treatment, and current state. If not applicable please enter N/A:

What is your highest educational degree awarded, from what school and in what subject? _____

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In 150 words or less, tell us something you would like us to know about you. _____

By signing below I acknowledge my acceptance of the terms and conditions of acceptance, entrance and completion of the Kula Kamala Foundation 200 hour Yoga Teacher Training. I understand I will be required to sign a medical, photography, and residential waivers upon arrival. I understand that submission of this application is not a promise of acceptance and if for some reason I am not accepted into the program I will receive a refund of my deposit less the non-refundable \$100.00 application fee. I understand that all tuition and fees must be paid in full prior to the start of the program. I understand that acceptance into this program is contingent upon my being able to attend, practice, study and participate in this program fully.

I understand that my answers in this application support the program directors in planning what adaptations might be necessary to keep me safe and supported. If I have not disclosed factors about myself that limit my ability to participate in this program or I become unwilling to participate, fully or in part, I may be asked to leave the program. If I am asked to leave the program for any reason I understand and accept that I am not entitled to any refund whatsoever.

I understand I must submit my \$500 deposit or my tuition payment in full the same hour this application is submitted.

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By signing below, I am agreeing to and accepting the REFUND POLICY for this program:

1. The \$100 program application fee is non-refundable.
2. The Foundation will refund the student's deposit, less the \$100 application fee, if the applicant is not accepted into the program or if the semester to which the deposit is applied is canceled.
3. The Foundation will refund a student's tuition prior to fourteen days before the start date of a course less a \$250 administrative fee.
4. There are NO refunds for any tuition paid if the student withdraws during the fourteen days prior to the start date of the course, or at any time once the course has begun.
5. In cases of medical emergency, when presented with an original signature doctor note on the doctor's letterhead, a credit might be applied to the student's account to be used toward a future semester. Any credit is decided at the sole discretion of the program director. The student is responsible to notify the program director of any medical emergencies or issues within three days of their happening or they will forfeit any possible credit. Applying a credit to a student's account may carry an administrative fee, not to exceed \$250.
6. A student may be removed from the program or the roster of a particular course without any refund for the following reasons. There may be additional reasons for removal from the program not listed here:
 - a. student does not fulfill any tuition payment plan in the agreed upon manner
 - b. student fails to attend any three class sessions
 - c. student misses more than 5% of the program
 - d. student does not complete the required program components in the prescribed time allotted for their section
 - e. student refuses to complete required class/homework as described below
 - f. student commits plagiarism as defined below
 - g. student commits an act of academic dishonesty as defined below
 - h. student commits an act of violence against another student, against a faculty member, or against Foundation property
 - i. student attends classes while under the influence of alcohol or illegal drugs
 - j. student is habitually disruptive in class
 - k. student commits or makes statements that are obscene
 - l. student is habitually intolerant and critical of the views and practices of other students
 - m. student trespasses on any neighbor's property or causes any intrusion to neighbor privacy

I completely understand and agree to this Refund Policy.

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I understand I must submit one letter of recommendation from a Yoga teacher or spiritual teacher. I agree to request that my recommender mail their letter to the Foundation within ten days of submitting my application. Letters should be on professional letterhead and sent to

Kula Kamala Foundation
attn: 200YTT Registration
17 Basket Rd
Alsace PA 19606

I have read the entire application and am in agreement with all terms.

printed name	signature	date
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Thank you for applying to the Kula Kamala Foundation 200YTT.
We look forward to taking this journey with you.

*Namastasayai. Namastasayai Namastasayai. Namo Namaha.
Jai Mata Di. Om Namah Shivaya. Shanti Shanti Shanti.*