



200 RYT (Registered Yoga Teacher)

Hatha Yoga Teacher Certification

Susie Masters E-RYT 200, RYT 500

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October 3rd – May 1st, 2015
Yoga Teacher Certification

Course Requirements

Weekly Classes:

Fridays 6:00 - 9:00pm – October 3rd – May 1st

(No class on: 10/31, 11/28, 12/26 & 1/2)

Weekend Dates (Hours: Saturday 10:30-5:30, Sunday 11:00-6:00)

- October 25 - 26
- November 8 - 9
- December 6 - 7
- January 17 - 18
- February 28 - March 1
- March 28 – 29
- April 11 – 12

Required Materials:

Included with the tuition:

- Comprehensive 200-hour Teacher Training Manual

To be purchased by students before 1st class – NOT included in the tuition:

- Hatha Yoga Illustrated by Martin Kirk, Brooke Boon, Daniel DiTuro
- The Yoga Sutras of Patanjali by Swami Satchidananda
- Yoga Anatomy by Leslie Kaminoff, Amy Matthews

Other Requirements: (not included in the tuition and must be completed between the first day of class and the week before graduation):

- **Community Service (Seva)** Teach ten (10) one (1) hour of classes with friends or family. There must be at least 2 people plus you in your community service. You may also teach in a community service setting. This allows you to bring the gift of yoga to individuals who would not normally be exposed to yoga on a regular basis. You will also be required to complete a form to document these classes.
- **25 Yoga Classes for Personal practice (Sadhana)** As you take these classes, you will observe, analyze and complete an observation form for documentation. You will also be required to complete a form to document these classes and submit it prior to graduation.

Course Tuition: Tuition is \$2,925 (\$200 off to total \$2,725 if paid in full by August 20th, 2014)

Payment Options: Select one

With either option a \$575 non-refundable deposit is due at registration with completed application. All registrations and deposits are due on or before August 10th and class size is limited. Deposits may be paid by MC, Visa, check or cash.

Option 1: Paid in full by Aug 20, 2014: After \$575 deposit, balance due \$2,150 by 8/20/14
Total cost: \$2,725

Option 2: Convenient Payment Plan: After a deposit of \$575 due upon registration, payments of \$470 due the 20th of the month for 5 months beginning Sept 20, 2014 – Jan 20, 2015. Total Cost: \$2,925

Payment Plan is to be paid by credit card – MasterCard, Visa, or Discover.

Credit cards will be **automatically charged** unless other arrangements are made in advance and we must have a valid credit card on file.

***Please note, there will be a \$25 additional fee for each bounced and/or late payment.

I authorize State of Grace Yoga and Wellness Center to charge my credit card per above terms.

Please print clearly:

Print Name* _____ Signature* _____

Date Signed* _____

Class Attendance:

- Class attendance is mandatory – please make every effort to attend class each week since the curriculum is designed to transform you in a six month period and absences can be disruptive to the class. If illness or an emergency arise and prevent a participant from attending a class, he/she is expected to contact Susie or Ashley. All contact information will be given on the first night of class. If absence from weekly classes is necessary, make ups are possible during weekly yoga classes or private sessions with Susie or Ashley at your own expense. These classes must be documented on the appropriate make up form.
- Weekend intensives must be attended. If you must miss a weekend you can discuss it with Susie or Ashley to determine how you can make up for the missed hours and information.
- If you miss a weekend intensive, you will receive a letter at the end of the training of what is needed in order for you to receive your final graduation certificate and be eligible for RYT certification. Once the weekend intensive is completed, an official certificate with a raised gold seal will be awarded.

Training Resignation:

Any participant who wishes to resign from the training program must do so in writing (postmark stamped) to the Studio Owner, Nancy Anger, State of Grace Yoga and Wellness Center, 104 E. Hartford Ave., Uxbridge MA 01569 at least 14 days prior to the start of program. If a letter is not received in writing before you resign from the program you will forfeit any refund amounts.

Cancellation/Refund Policies: If you cancel 14 days or more before the start date, you may receive a refund, less the \$575 deposit. If you cancel 13 days or less or during the Yoga Teacher Training, no refunds will be given

I have read the above and agree to the terms and conditions.

Print Name: _____ Signature: _____ Date: _____

200 hr Yoga Teacher Certification Application Form
State of Grace Yoga and Wellness Center
104 E. Hartford Ave Uxbridge, MA 01590 508-278-2818

* Required

Title _____ First Name * _____ Last Name * _____

Home Address * _____

City * _____ State * _____ Zip Code * _____

Home Phone Number * _____ Cell Phone Number * _____

Email Address * _____

Occupation/Vocation * _____

Date of Birth: _____

Please answer the following questions on this form.

How long have you been practicing Yoga? Please describe your background in yoga studies (teacher's names, Yoga styles, etc.) *

Have you been taking regular classes for at least 6 months? *

Do you have a daily Yoga practice? Please describe your practice. When did you start and how long do you practice each day? *

Do you have a background teaching Yoga and/or other teaching experience (not necessary)? *

Are you currently teaching Yoga? If so, number of classes per week? What traditions, styles and for how long? *

What does Yoga mean to you, and how has it affected your life? *

Why do you want to take this training? What are your expectations of it and how will you utilize your Certification? *

Are you certified in other areas? *

In your opinion what does a Yoga teacher provide for his/her students? What would you like to be able to provide to your students as a Yoga teacher? *

How did you hear about our training program? *

- Internet Search
- Client/student at State of Grace
- Client/student at De-Stress with Yoga
- Email Broadcast
- Printed Advertisement
- Mailing

Other: please explain: _____

**State of Grace Yoga and Wellness:
Health Information Form and Waiver**

If you have any current or prior medical concerns, please consult your health care provider before taking this program.

Are you currently under medical treatment or supervision for:

Chronic Physical Limitations/Physical challenges (e.g. vision, hearing, movement, high blood pressure, asthma, etc.) Please describe the nature and extent of limitation(s) if any:

Serious illness or surgery within the last five years (e.g. heart, cancer, diabetes, etc.) Condition and date(s): *

Any other surgery/procedures:

Prescription Medications:

Drug or alcohol addictions:

Are you currently pregnant? *

- Yes
- No

If yes, number of weeks at start of program?

Have you ever been hospitalized for anxiety/panic attack, emotional/mental condition?

Emergency Contact Information: Please provide us with an Emergency Contact person Name*

Telephone*

Address*

Relationship*

Physician Name*

Physician Telephone*

DECLARATION OF DISCLOSURE AND ACCEPTANCE OF TERMS: I hereby declare the above information is true to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for revocation of Certification. I understand that I am entitled to no refunds, credits or adjustments resulting from my failure to complete the certification requirements or to uphold any of these conditions

RELEASE OF LIABILITY:

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. To reduce the risk of injury of any kind, never force, strain or overstretch/exert yourself unnaturally. I understand that I know my body's strengths and limitations better than anyone, and I will not push myself beyond my limits. This is very important!

It is strongly advised that you seek the advice of your physician before taking this yoga program. Safety precautions and proper use of the yoga environment are rigorously practiced. Please use discretion while practicing yoga, as the instructor cannot be held responsible for personal bodily injury or the loss of any property belonging to students participating in the yoga class. This program and Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide to take this Yoga Program. I also understand that an emergency protocol has been planned. In the event an emergency situation occurs, I am financially responsible for any emergency services that may be necessary. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Susie Masters, Ashley Rose-Mello, State of Grace Yoga & Wellness Center, Nancy Anger and any added faculty and/or guest speakers. Please sign below to show that you understand the above statements and agree with these terms and conditions. The information I have given on this form is to be best of my knowledge complete and accurate.

I accept the above terms and conditions *

Accept

Print Name* _____ Signature* _____

Date Signed* _____

By signing above, the participants of this program disclaim any liability and/or loss in connection with the Yoga asanas demonstrated or the instructions and advice expressed within the class sessions by the instructors including but not limited to Susie Masters, Ashley Rose-Mello, Nancy Anger and any added faculty and/or guest speakers and State of Grace Yoga and Wellness Center.