

JULUKA YOGA STUDIO 300-hour TEACHER TRAINING APPLICATION

FULL NAME: _____

BIRTH DATE: _____

CELLPHONE#: _____ HOME # _____

EMAIL ADDRESS: _____

OCCUPATION: _____

FULL HOME ADDRESS: _____

EMERGENCY CONTACT #: _____

WHERE DID YOU HEAR ABOUT JULUKA YOGA TEACHER TRAINING? IF REFFERAL, WHO?

HOW LONG HAVE YOU BEEN PRACTICNG YOGA AND HOW OFTEN DO YOU PRACTICE?

WHERE DID YOU GET YOUR 200-hour TRAINING and WHEN?

WHY DO YOU WANT TO PARTICIPATE IN THE TRAINING PROGRAM? / WHAT DO YOU WISH TO ACHIEVE FROM THE PROGRAM?

DO YOU CURRENTLY TEACH YOGA? IF SO, WHERE AND WHAT STYLE?

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR ISSUES THAT MAY AFFECT YOU PRACTICE IN ANY WAY? IF SO PLEASE EXPLAIN

ARE YOU UNDER ANY MEDICAL SUPERVISION, BOTH PHYSICALLY AND MENTALLY? IF SO PLEASE DESCRIBE, AND INCLUDE ANY MEDICATIONS.

DO YOU HAVE ANY ALLERGIES? –FOOD OR OTHER?



WHAT MADE YOU CHOOSE JULUKA FOR YOUR CERTIFICATION?

ARE YOU WILLING TO FULLY COMMIT TO THE PROGRAM, PHYSICALLY, MENTALLY AND SPIRITUALLY?

I certify all above information to be true.

Signed: _____ **Date:** _____

Please read carefully and sign below to complete enrollment:

RELEASE STATEMENT & WAIVER OF LIABILITY:

I, _____, hereby agree to the following:

1. That I, _____, am participating in a program offered by Juluka Yoga, taught by Juluka Yoga Instructors, during which, I will receive information and instruction in the practice and philosophy of yoga. I recognize that this may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga teaching program. I represent and warrant that I am physically fit and have no medical condition which would prevent full participation in the Yoga teacher training program.
3. In consideration of being permitted to participate in this program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the class/program.
4. In further consideration of being permitted to participate in this class or program, I knowingly, voluntarily and expressly waive any claim I have against Juluka Yoga and its instructors and staff for any injury or damages that may be sustained as a result of participating in the class/program.
5. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I confirm that I have read and understand all the terms set out in this document; that I am at least 18 years of age; and that I am aware that this waiver and release is binding upon me, my heirs and personal representatives.

STUDENTS SIGNATURE: _____ **Date:** _____

WITNESS SIGNATURE: _____



300-hour Level Yoga Teacher Training Course Graduation Requirements and Acknowledgment

The Juluka Yoga Studio 300 hour teacher training course is intended to result in your certification as a 500-hour yoga teacher. Certified Juluka Yoga Studio teachers must possess the abilities and skills necessary to safely and competently teach advanced yoga principles, and we reserve the right to withhold certification from any student who fails to develop the necessary skills.

Every attempt will be made to provide input throughout the program about teaching deficits that might impede certification. The program director and teaching staff will use the following criteria to establish student eligibility for certification

GRADUATION REQUIREMENTS

- 100% attendance. 1 weekend may be made up with an equivalent private session with RYT-E., at cost to student.
- Students must have established a regular practice for at least 2 years
- Arriving late and leaving early is not 100% attendance.
- Written assignments to be completed on time.
- Pass a written exam after each Pada, that will include material covered. A full outline as to the content of each exam will be thoroughly covered.
- All fees to be paid in full before receiving certification.
- During the course, all students must conduct themselves in a manner that is in keeping with the moral and ethical guidelines that are contained in the Juluka Yoga Studio and School Code of Ethics. Non-compliance with the schedules, teachers' instructions or behavior that is disruptive to the other trainees or clients of the studio could mean instant dismissal from the program. Refund of fees would be at the discretion of the director and would be based on materials and instruction already received.
- Students are required to teach 1 Community classes at the studio as part of their practicum.
- Students are to assist with 3 classes during each training module at Juluka Yoga Studio .
- Students are required to attend & assess 3 outside yoga classes during each training module training period.
- In order to receive the 300 hour certification, student must have taught a minimum of 100 hours
- In order to receive the 300 hour certification, students must have completed a 200 hour Yoga Alliance recognized certification
- Juluka Yoga Studio reserves the right to withhold certification if the student does not meet the above requirements.
- You will be allowed to retake the written exams, in the unlikely event that you do not pass it the 1st time. This must be done within 30 days of last date of each module. Extra help/tuition will be given if necessary. No extensions after this time, and no refunds if graduation requirements are not met.

Graduation Requirements and Acknowledgement Initial Here:_____



Juluka Yoga Studio | 394 Hillsdale Ave | Hillsdale, NJ 07642

300-hour Yoga Teacher Course Training Payment Terms

PLEASE CHECK BELOW

- I am paying for 4 Padas in Full: \$3,450 (by August 15th, 2019)
- I am paying for my 4 Padas in in installments: \$600 deposit by August 15th, 2019 followed by 9 payments of \$350 on the first (1st) of the month starting on September 1st, 2019.
- I am a Juluka 200-hour graduate and qualify for my 10% discount.

I fully understand the payment schedule. I understand that in order to graduate, full payment must be made.

Signed _____ **Date** _____

Full Name _____

Witness Name _____

Witness Signature _____

Juluka Yoga Studio reserves the right to cancel a workshop/program/class at anytime and refunds (pro-rata) will be given under these circumstances. If you choose to exit the program after its commencement, refunds will be entirely at the discretion of the director. Free classes begin when deposit is received for the duration as determined by selected program.

I certify that I have read, understood and accepted the above conditions and requirements of certification

Signed _____ **Date** _____

Witness _____ **Date** _____

