

JULUKA YOGA STUDIO 200-hour TEACHER TRAINING APPLICATION & PAYMENT

SELECT WHICH PROGRAM YOU ARE APPLYING TO:

_____ SPRING/SUMMER _____ FALL/WINTER WEEKENDS _____ FALL/WINTER WEEKDAY

FULL NAME: _____

BIRTH DATE: _____

CELLPHONE#: _____ HOME # _____

EMAIL ADDRESS: _____

OCCUPATION: _____

FULL HOME ADDRESS: _____

EMERGENCY CONTACT #: _____

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

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

WHAT STYLE DO YOU PRACTICE AND WHO ARE YOUR TEACHERS?

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 YOUR 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, illness, virus 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: _____



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

The Juluka Yoga Studio 200 hour teacher training course is intended to result in your certification as a yoga teacher. Certified Juluka Yoga Studio teachers must possess the abilities and skills necessary to safely and competently teach yoga postures, 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 ERYT., at cost to student.
- Arriving late and leaving early is not 100% attendance.
- Teach a yoga class, to include 5 minute meditation, 2 different types of Pranayama, and at least 12 asanas , including an inversion, backbend, balance posture, twist, seated and standing forward bend, supine posture, an asana using a prop e.g. strap, blanket or block, a modification and savasana. Strict adherence to safe, competent instruction and correct alignment are necessary.
- Written assignments to be completed on time.
- Pass a written exam which will cover anatomy and physiology as it relates to yoga, physiological and psychological benefits of yoga, 4 paths of yoga, 8 limbs of ashtanga yoga, including, but not limited to, identifying the yamas and niyamas. Ethics of a yoga teacher, seven major chakras, brief history of yoga, the goals of yoga as per Patanjali, including the explanation and importance of “sthira sukham asanam”. Know Sanskrit names of the postures taught.
- 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 several Community classes at the studio as part of their practicum.
- Weekend students are to attend a minimum of 18 classes over the training period at Juluka Yoga Studio.
- Weekday students are to attend a minimum of 28 classes over the training period at Juluka Yoga Studio.
- Students are required to attend & assess 5 outside yoga classes during the training period.
- 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 practical and written exam, in the unlikely event that you do not pass it the 1st time. This must be done within 60 days of graduation date. Extra help/tuition will be given if necessary, at a reduced rate to the student.
- No extensions after this time, and no refunds if graduation requirements are not met.

Graduation Requirements and Acknowledgement Initial Here: _____

200-hour Yoga Teacher Course Training Payment Terms



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

1. SPRING/SUMMER - SELECT YOUR PLAN

- () A. 6 months unltld: \$3,300 paying in full by 5/1
- () B. 3 months unltld: \$3,100 paying in full by 5/1
- () C . Pay over-time 6 months unlimited: \$3,400

\$800 deposit due by April 20th. Unlimited classes begin
 \$650 payment due by May 1st
 \$650 payment due by June 1st
 \$650 payment due by July 1st
 \$650 payment due by August 1st

2. FALL /WINTER WEEKENDS - SELECT YOUR PLAN

- () A. 6 months unltld: \$3,300 paying in full by 8/31
- () B . Pay over-time 6 months unltld: \$3,550 total

\$790 deposit due August 31st. Unlimited classes begin
 \$460 payment due by September 1st
 \$460 payment due by October 1st
 \$460 payment due by November 1st
 \$460 payment due by December 1st
 \$460 payment due by January 1st
 \$460 payment due by January 15th

3. FALL/WINTER WEEKDAYS-SELECT YOUR PLAN

- () A. 8 months unltld: \$3,300 paying in full by 8/31

\$850 deposit due August 31st. Unlimited classes begin
 \$300 payment due by October 1st
 \$300 payment due by December 1st
 \$300 payment due by February 1st
 \$300 payment due by April 1st

- () B. Pay over-time 8 months unlimited: \$3,550 total

\$300 payment due by September 1st
 \$300 payment due by November 1st
 \$300 payment due by January 1st
 \$300 payment due by March 1st
 \$300 payment due by May 1st

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 any time 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.

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

Signed _____ **Date** _____

Witness _____ **Date** _____

