

Washington Yoga Center 200-hour Yoga Alliance® Registered Yoga Teacher Certification Application Fall/Winter 2018-19

DIRECTOR & Lead Teacher: **Denese Cavanaugh ERYT500**

Lead Teacher: **Jen Dryer**

Guest teacher **David Ingalls**

Learn more about our teachers under bios on our WYC website

The requirements for 200-hour certification include 184 contact hours supervised by The Washington Yoga Center YTT faculty and 20 non-contact hours.

REGISTRATION PROCESS

Please take your time to look over the entire application before filling it out. Respond to each question thoughtfully and completely. Please be aware that acceptance is guaranteed with deposit. You may submit your deposit by check, cash, money order, or credit card. Please make checks out to the *Washington Yoga Center*.

REQUIREMENTS

1. Complete and submit application form
2. Remit \$500 application fee

You have two options for submitting your completed application:

1. Email General Manager, **Sydnea, info@washingtoneyogacenter.com** with application attached. **Subject – Application for 200 Hour Teacher Training 2018/19**

2. Submit in person at:

Washington Yoga Center

4000 Albemarle St. NW, Ste 100

Washington, DC 20016

Please complete this application and submit it with appropriate payment according to the payment schedule on the next page.

ACCEPTANCE NOTIFICATION

Applicants who have been accepted into the Washington Yoga Center Certification program will be notified via email within two weeks of receipt of your application. If you do not have access to email on a regular basis, please contact (202) 244-9642 for further assistance. All accepted applicants must confirm their registration via e-mail or telephone.

PERSONAL INFORMATION

First Name _____ MI _____ Last _____

Birth Date _____ Gender: _____ Female _____ Male _____

Address _____ Apt _____

City _____ State _____ ZIP _____

Day Phone _____ Evening Phone _____

Email Address _____

Current Occupation _____

Emergency Contact _____

Phone _____ Relationship _____

How did you hear about our program? _____

QUESTIONNAIRE

[please attach a separate page if necessary]

- How long have you been practicing yoga?
- How often do you practice? How many times per week and for what duration?
- Do you practice at home? How often?
- What aspects of yoga do you practice?
Asana Pranayama Meditation Chanting Restorative Other
- If you meditate, for how long and over how many years? Which technique do you practice?
- Please list most influential yoga teachers and styles. How often and for how long have you studied with them?
- What schooling or training have you had that would provide a useful background or would be an asset to you in your teacher training? (e.g. massage or other bodywork, other movement studies, medical/anatomical study or training, teaching in other disciplines, university degrees, etc.)
- Why do you practice yoga?
- Do you have any pre-existing injuries that may affect your ability to participate in this course?
- What do you feel is the role of a yoga teacher? What prerequisites do you believe are necessary to qualify as a yoga teacher?

**CREDIT/DEBIT CARD PAYMENT SCHEDULE:
APPLICATION DEADLINE
TOTAL TUITION**

PAYMENT SCHEDULE

Option 1

PAID IN FULL - Before July 1, \$2595 (save \$500!)

Option 2

PAID IN FULL - Before August 1, \$3095. One year of WYC membership with this option.

Option 3

Three Installment Plan - \$3095

\$775 due with application*

\$775 due on December 1st, 2018

\$1545 due on January 1st, 2018

Option 4

Four Installment Plan - \$3120

\$780 due with application*

\$780 due on November 1st, 2018

\$780 due on December 1st, 2018

\$780 due on January 1st 2019

CREDIT CARD PAYMENT AGREEMENT

Selected Payment Option _____

Full Name _____

Street _____

City, _____ State, _____ ZIP _____

Phone _____ Email _____

Credit Card # _____ Expires _____

Credit Card Type: American Express | Visa | MasterCard | Discover

By signing, I acknowledge and agree to the payment schedule above. I authorize Washington Yoga Center to initiate credit card debit entries for tuition payments according to the schedule above.

Printed Name _____

Signature _____ Date _____

AGREEMENT TO THE TERMS OF WASHINGTON YOGA CENTER 200-HOUR TEACHER TRAINING

I understand that, upon fulfilling all requirements of the Washington Yoga Center Teacher Training program, I will receive a 200-Hour Yoga Teacher Certification which follows the criteria established by Yoga Alliance® for certification at the 200-Hour level.

I further understand that, should I fail to meet all of the requirements for the certification for any reason, I may be permitted to “retake” the missed elements of the program at an additional cost.

If medical or unusual circumstances prevent me from completing my training or satisfying my requirements, I may request special consideration to complete missed parts of the program at no additional cost. Medical documentation will be required in such instances.

I understand that Washington Yoga Center will not release my certificate until all requirements are completed.

I understand that Washington Yoga Center reserves the right to ask me to leave the program at any point if my behavior is, inappropriate, and unethical or violates the Yoga Alliance ethical guidelines. In these circumstances, I understand that all amounts paid will not be refunded.

I understand that all payments are nonrefundable.

I understand that all Washington Yoga Center Teacher Training materials, written or electronic, created by Washington Yoga Center and provided to me during the course of this program are not to be copied, reproduced, or distributed, in whole or in part, or by any means without express written consent of Washington Yoga Center.

I understand and agree to the above.

Printed Name _____

Signature _____ Date _____