

## APPLICATION INSTRUCTIONS

### Application Deadlines

To apply for the 300-hour Professional Program we strongly encourage you to apply before the early registration deadline. Because this program is only offered once or twice a year it fills up quickly. Keep in mind that mentors are matched with apprentices 3-4 weeks prior to the program start date. If you wait until after the application deadline, you will reduce your chances of being paired with your mentor of choice. Last-minute applications will be accepted if there is space in the program.

### 300-Hour Professional Program application requirements

- 300-hour Professional Program Application
- Payment Information & Program Participation Agreement
- 300-hour Professional Program Mentor Request Form
- Waiver of Liability

**Please note:** To be accepted into the 300-hour Professional Program, applicants are required to have completed a 200-hour Teacher Training Program.

→ **To reserve your place in the training, you must submit the complete application along with a **minimum \$500 non-refundable deposit.****

You have two options for submitting your completed application:

- Email your application to your studio contact or to the training Program Advisor. Please title your subject line "Application for 300-hour program".
- Mail your application to your studio contact or to the training Program Advisor. (Please confirm the address with your contact before mailing.)

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This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

## 300-HOUR PROFESSIONAL PROGRAM APPLICATION

### Personal Information

Name \_\_\_\_\_ Today's Date (M/D/YYYY) \_\_\_\_\_

Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

#### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Start date of training you are applying for (MM/YYYY): \_\_\_\_\_

#### Location:

CITY: \_\_\_\_\_

#### How did you first learn about the YogaWorks 500-hour Professional Program?

- |                                                         |                                       |
|---------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> I practice at this studio.     | <input type="checkbox"/> Facebook Ad  |
| <input type="checkbox"/> Internet Search                | <input type="checkbox"/> Friend       |
| <input type="checkbox"/> My yoga teacher recommended it | <input type="checkbox"/> Conference   |
| <input type="checkbox"/> Yoga Journal Advertisement     | <input type="checkbox"/> Other: _____ |

### Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. **How would you evaluate your current health?**

- Excellent
- Good
- Fair
- Some challenges (Briefly describe) \_\_\_\_\_

2. **Do you suffer from any of the conditions below?**

- Epilepsy
- Diabetes
- Pregnant or plan to become pregnant during the course of the training
- No, I do not suffer from the above conditions to my knowledge.

3. **Please list medications you are taking that were prescribed to you by a health care professional.**

\_\_\_\_\_

4. **Is there anything else we should know about your medical history?**

\_\_\_\_\_

## About Your Teacher Training History

Please note: To be accepted into the 300-hr Professional Program, applicants are required to have completed a 200-hr Teacher Training program.

1. **Did you complete your 200-hr Teacher Training program with YogaWorks?**

- Yes (please proceed to question #3)  
 No

2. **If you did not complete your 200-hr Teacher Training program with YogaWorks**

**Where did you complete your training?** \_\_\_\_\_

**Who were your instructors in the training?** \_\_\_\_\_

**When did you complete your training? (Month/Year)** \_\_\_\_\_

Please submit the following to YogaWorks along with your application.

- A copy of your diploma or letter of completion
- A copy of your program's syllabus or a letter from your trainer describing the content of the program.

**If you did not graduate from a YogaWorks 200-hr Teacher Training program, you will be required to participate in the **YogaWorks Immersion Weekend**.** We have included this weekend-long program as a required Weekend in your Professional Program. This is to ensure that you have gained the foundational vocabulary and principles taught in the 200-hour Teacher Training which are reinforced in the 300-hour Professional Program.

3. **Are you currently teaching yoga?**

- Yes  
 No

If yes, where? \_\_\_\_\_

What class level(s)? \_\_\_\_\_

How many classes a week? \_\_\_\_\_

4. **Briefly describe your yoga practice. Do you have a home practice?**

**Please write a one-page essay addressing the following.**

- Why do you want to continue your yoga teacher training?
- What qualities or previous experiences do you possess which you feel will contribute to your experience in the Professional Program and subsequently to you as a teacher? *Include here any other training you have taken that you believe will be an asset to you in the training, e.g., massage, bodywork, anatomical study, teaching, etc.*
- What are your career aspirations? Ideally, what would you like to do after the Professional Program? Are you interested in YogaWorks Certification?

## PAYMENT INFORMATION

**\$500 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate and to receive your teacher training manuals.**

**I am paying by check.** Please mail the check with your application to the appropriate address on the **Application Instruction** page. Make all checks payable to YOGAWORKS. *\*Please include driver's license number, State and expiration date on the front of you check.*

**I am paying by credit card.**     MasterCard     Visa     American Express  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Is your billing information the same as your mailing address?

Yes

No. My billing address is: \_\_\_\_\_

City

State

Zip Code

**I hereby authorize the above payment of \$** \_\_\_\_\_ **Today**      **Please initial:** \_\_\_\_\_

**I hereby authorize the final payment of \$** \_\_\_\_\_ **On**      **Please initial:** \_\_\_\_\_

## PROGRAM PARTICIPANT AGREEMENT

I understand that if I fulfill all the requirements of the YogaWorks Teacher Training, including in-class hours, homework, final project and final practice teaching, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 300-hour Teacher Training program. Paying for the program and completing the hours alone does not mean I will pass the program.

I understand that YogaWorks reserves the right to ask me to leave the program if I am found plagiarizing, if my behavior is disruptive, inappropriate, negatively impacting other students learning, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that YogaWorks reserves the right at anytime to ask me to leave the training if it appears that my health or physical practice are not at the level to fully participate in the training. Under such circumstances I understand I will be given a prorated refund, based on the amount of time I have attended in the training.

I understand that if I miss over 30 workshop hours I will receive a non-passing status and will be asked to leave the training. Under such circumstances I understand I will be given the opportunity to retake the program at a discounted rate, subject to availability.

I understand that I am habitually tardy I will not receive credit for the days I am tardy. If I am 15 minutes late more than twice, the third time I will be asked to leave and will be required to make up the day according to the makeup policy. If I leave 15 minutes early more than twice the third time, I will be asked to leave and required to make up the day according to the makeup policy.

I understand that if I cancel 15 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training and I will be refunded my remaining balance. If I cancel within 14 days before the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all YogaWorks Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

**I have read and accept the above terms and requirements:**     Yes     No      **Please Initial:**

## 300-HOUR PROFESSIONAL PROGRAM MENTOR REQUEST FORM

**Applicant's Name** \_\_\_\_\_

*In this program you will be matched with a mentor, with whom you will apprentice and take class from on a regular basis. Prior to making your requests, you should attend at least one class with each of the mentors in your region. (Please use the chart below to document your classes.) Since you will apprentice and take class from your mentor on a regular basis, make sure to take the studio location and times that he/she teaches into consideration.*

*Your application and mentor requests will be reviewed by all the mentors in your region and you will be matched based on a combination of factors, including your yoga background, teaching history and career goals.*

### Mentor Signatures

**We recommend you obtain signatures from all the mentors in the program. This is to ensure you have sampled each teacher's unique style. In the case there is a mentor that you know you cannot assist due to scheduling or because they teach a method that does not interest you, you do not need to get their signature. Please introduce yourself before you take a mentor's class.**

MENTOR	CLASS/DATE ATTENDED	MENTOR SIGNATURE	COMMENTS

### Your Order of Preference and Availability to Assist

**Please choose the top 3 mentors you would like to assist, in order or preference, and list their classes you can and cannot assist. Please review their class schedules in order to complete this section.**

MENTOR	Mentor's Class times you CAN assist	Mentor's Class times you CANNOT assist	COMMENTS
1.			
2.			
3.			

**Why have you chosen the above 3 mentors, and what do you hope to get out of working with each of them?**

1.
2.
3.

**ASSUMPTION OF RISK, HEALTH WARRANTY, AND RELEASE AND WAIVER OF LIABILITY**

Yoga is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of the YogaWorks' 300-Hour Teacher Training Program. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise.

I acknowledge that participation in the YogaWorks' 300-Hour Teacher Training Program naturally involves the risk of injury to me. I further acknowledge that specific risks include injuries resulting from over-exertion, physical adjustment, improper or negligent use of equipment, failure to follow trainer instructions, or injuries resulting from participation in an inappropriate level of physical exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, have the necessary current medical approval to engage in physical exercise and yoga instructional classes and teacher training and have no disability, impairment, injury, disease or ailment which would cause risk of injury or adverse health consequences as a result of engaging in physical exercise and yoga instructional classes and teacher training. I acknowledge that to the facility where I am taking my training and YogaWorks, Inc. ("YogaWorks") are relying on this representation and I understand that neither to the facility where I am taking my training nor YogaWorks will investigate or certify my health or my fitness to participate in physical exercise and yoga instructional classes and teacher training.

**RELEASE AND WAIVER OF LIABILITY:** In consideration for my participation in YogaWorks' 300-Hour Teacher Training Program, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless to the facility where I am taking my training and YogaWorks and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the "Facilities") where the 300-Hour Teacher Training Program occurs (collectively, the "Releasees") from all actions, claims, demands, suits, losses, liabilities, charges, expenses (including, without limitation, attorneys' fees), and costs of any nature whatsoever which may arise out of, relate to, or result from, any injury, economic loss or any damage to me or my guest or relatives resulting from my participation in physical exercise and yoga instructional classes and teacher training at the Facilities, entry to or use of the equipment, facilities or services at the Facilities, the negligence of to the facility where I am taking my training or YogaWorks, anyone at to the facility where I am taking my training or YogaWorks' behalf or anyone using the Facilities or YogaWorks' equipment, facilities or services, except such as may arise out of the gross negligence or willful misconduct of the Releasees. This release and waiver of liability (this "Release") is intended to be a complete release of any responsibility for personal injuries and/or property loss/damage sustained by me while at the Facilities, whether using exercise equipment, participating in active or passive exercise, or not. I understand that this Release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to the facility where I am taking my training and that if any portion of this Release is held invalid, I agree that the balance of this Release should continue in full force and effect.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name]