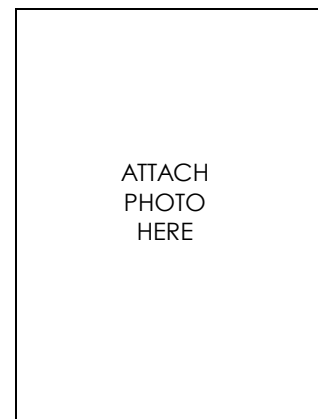


200 HR. YOGA TEACHER TRAINING

with Kelly McGrath
inspired in the **Kripalu** Tradition

APPLICATION FORM

2010-11



Location: UNITED YOGA Montréal, 451 Saint Catherine O, suite 203, MTL, QC

Please note that this program will be taught in English.

Name: _____ Female ___ Male ___ Birthday: _____

Mailing Address: _____

City, Prov., Postal code: _____

Telephone (home): _____ Telephone (work): _____

Telephone (cell): _____ Email: _____

Occupation (If you're not currently employed, your vocation, training, or profession): _____

How did you find out about this program? _____

How long have you been practicing yoga? _____ Do you have a daily yoga practice? _____

How long is your daily practice? _____

What style of yoga do you primarily practice? _____

Have you taken classes with a certified teacher for at least 2 years? _____

Have you practiced Kripalu Yoga? ___ Yes (see below) ___ No

Name of Kripalu Teacher? (And place) _____

In an on-going class? ___ Yes ___ No (Time & place) _____

In a workshop? ___ Yes ___ No (Time & place) _____

Are you currently taking yoga classes? ___ No ___ Yes How many times per week? _____

What tradition/style? _____ How long have you been taking the class? _____

Do you practice meditation? ___ No ___ Yes

If yes: How long have you been practicing? _____

What tradition of meditation do you practice? _____

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Are you currently teaching yoga? ___No ___Yes How many times per week? ___Where? _____
What tradition? _____ How long have you been teaching? _____

Why did you choose this Yoga Teacher Training program? _____

Other relevant education and/or training (indicate type, level, length of training):

Please answer the following questions in a short essay form, each typed & half a page long:

1. In detail, describe your daily yoga practice.
2. What does yoga mean to you and how has your involvement changed and developed over time?
3. Why do you want to be certified at this time in your life?
4. Why did you choose the Kripalu approach to yoga? What are the Kripalu components that you like the most?

HEALTH INFORMATION

Describe your present state of health: _____

- Are you under treatment for any physical or psychological condition? ___ Yes ___ No
- Are you currently pregnant, or trying to get pregnant? ___ Yes ___ No
- Have you ever been hospitalized for a psychiatric condition? ___ Yes ___ No
- Do you have any chronic pain, physical limitations or disabilities? ___ Yes ___ No
- Have you had a serious illness or surgery in the last five years? ___ Yes ___ No
- Do you have a communicable disease? ___ Yes ___ No
- Are you in recovery from an addiction? ___ Yes ___ No *If yes, how long have you been in recovery?*

- Do you any other health conditions? ___ Yes ___ No

If you answered yes to any of the above questions, please describe fully, on a separate sheet of paper.
(Typed, not hand written)

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ADMISSION REQUIREMENTS

Our minimum requirements for admission are the following:

- At least two years of consistent yoga practice with an experienced yoga teacher.
- It's recommended to attend 4 classes with Kelly McGrath before the program begins. These classes provide you with an opportunity to determine whether this course is right for you.
- Completed application form.

CERTIFICATION REQUIREMENTS

In order to receive your Yoga Teacher Certification all fees must be paid in full, and regular attendance is required. Missing more than two days of training, or missing practice teach sessions could put your certification in jeopardy. If, due to circumstances beyond your control, you are unable to attend a few sessions, a reasonable effort will be made to allow you to make up the material, however there is no guarantee that this will happen in time for you to graduate with your class. In addition to training sessions, home practice and independent study assignments are required to integrate the material learned in class.

You must demonstrate your knowledge and understanding of yogic concepts and practices by successfully completing all written and practical homework and examinations. If necessary, you may re-take the final exam one time within two months of completing the program, at a cost of \$150. During mandatory practice teach sessions you must demonstrate an ability to teach yoga classes using the methodology presented in the training. All required work must be completed before graduation.

All YTT trainees must observe 8 community classes at UYM during the YTT period, taught by the Kelly, on organized dates. Special consideration will be made for those living outside the greater Montreal area.

As a final certification requirement, it is important that you be respectful, balanced and conscious of your behavior towards other participants and staff.

AGREEMENT

Yoga is educational and each student is responsible for his or her own health, safety and well being while participating. I, the undersigned yoga student, acknowledge the potential risks associated with yoga, and accept those risks freely when entering the program of my own decision. I the undersigned yoga student, agree to hold United Yoga Montreal, it's faculty and staff free from any and all responsibility for any injury, whether physical or mental, arising out of the any workshop, associated exercises, use of premises, or following of any printed literature.

I fulfill the above admission requirements, and understand the certification requirements.

Name _____
PLEASE PRINT

Signature _____ Date _____

SCHEDULE: 10 Weekend Intensive Program Sessions

Friday: 6:30pm-9:00pm (2.5hr)
Saturday: 8:30am-12:00pm & 1:30pm-5:00pm (7hr)
Sunday: 8:30am-12:00pm & 1:30pm-5:00pm (7hr)

- 1: Sept 10, 11, 12, 2010
- 2: Oct 15-16-17, 2010
- 3: Nov 12, 13, 14, 2010
- 4: Dec 3, 4, 5, 2010
- 5: Jan 14, 15, 16, 2011
- 6: Feb 18, 19, 20, 2011
- 7: March 11, 12, 13, 2011
- 8: April 29, 30, 1, 2011
- 9: May 13, 14, 15, 2011
- 10: June 10, 11, 12, 2011

*Times and schedule are subject to change.

Fees:

Application Fee: \$200.00 + tax= \$225.75, paid when you hand in your form.

PLUS:

Tuition:

Please check the appropriate fee:

- 1. ___ \$2000 + tax= \$2257.50 paid in full by August 1st, 2010.
- 2. ___ \$2400 + tax= \$2709.00, paid after August 1st, 2010.
- 3. ___ Payment plan: \$500 deposit, plus 8 post-dated cheques of \$276.13. Contact us to receive dates of installments.

Applicants must include application fees, and all post-dated cheques or visa information for tuition payment with application form. This will reserve your space. If application is denied, tuition will be returned. Application fee is non-refundable.

Once the YTT program has begun, tuition is not refundable or transferable.

• **“APPLICATION FEE” METHOD OF PAYMENT:**

CHEQUE ___ VISA ___ MASTER CARD ___ DEBIT___ MONEY ORDER ___ CASH ___

• **“TUITION FEE” METHOD OF PAYMENT:**

CHEQUE ___ VISA ___ MASTER CARD ___ DEBIT___ MONEY ORDER ___ CASH ___

Credit Card information:

Card number: _____

Expiry Date: _____ Security-Code: _____

Name on card: _____

PLEASE PRINT

Signature: _____

Date _____

Mail or drop off application form and payment to:

United Yoga Montreal
c/o Kelly McGrath
451 Ste. Catherine O, suite 203
Montreal, Quebec
Canada
H3B 1B1

CHECK LIST

1. Completed application form
2. Application fee
3. Tuition payment: (cheque made to United Yoga Montreal)
4. Photo