

Yoga Month by Donation

Yoga Teacher Training Application

About Yoga Month

Yoga Month is a grassroots, community-based global campaign to educate people about the health benefits of yoga and to inspire a healthy lifestyle. An estimated 20+ million will hear about Yoga Month and millions of new students will attend free yoga classes at 2,000+ yoga studios, parks and homes. Visit www.yogamonth.org for more information and www.kcfitnesslink.com/yogamonth for the full Kansas City schedule of events.

About By Donation Teacher Training

During Yoga Month 2010, KCFitnessLink will offer its 200 Hour Yoga Teacher Training and Yoga Therapy Training programs by donation. This is the third year of this endeavor, and it makes the training affordable and accessible to many more people. Registrants can simply choose how much they can afford for their training, a sliding scale from \$1,250 to \$3,500 (the normal price). A portion of the donation will benefit local charities that provide community healthcare services and social services for youth in Kansas City.

200 Hour Yoga Teacher Training –Yoga Alliance Approved

The training is a 200-hour yoga certification that is comprehensive covering anatomy, health and fitness, meditation, breathing, yoga postures, culture and philosophy and more. The yoga teacher training is open to local residents and out of state residents as well. KCFitnessLink provides limited student housing for out of state residents. The course focuses on Power, Vinyasa and Hatha yoga.

- **Dates: September 6-17, 2010, Monday-Friday, 8:00-5:00 p.m.**

200 Hour Yoga as Therapy Training –International Association of Yoga Therapists School

This training is a 200-hour yoga training in adaptive yoga and traditional medical theories from Ayurveda. It teaches traditional tools of yoga therapy – lifestyle, breathing, postures, meditation, yoga psychology – for conditions including CAD, stroke, arthritis, low back pain, MS, fibromyalgia, obesity, musculoskeletal injuries, cancer and more.

- **Dates: October 4-15, 2010, Monday-Friday, 8:00-5:00 p.m.**

Application Overview:

- **Please review the entire KCFitnessLink catalog in its entirety before applying.**
 - www.kcfitnesslink.com/catalog or e-mail info@kcfitnesslink.com to request an e-mailed, digital copy.
- No other discounts and special incentives, work study scholarships, etc can be applied to the by donation special pricing.
- A \$500 registration fee is due with the application. All remaining balances are due on the first day of class. Monthly payment plans are not applicable to the by donation training unless you are providing a full donation amount, \$3,500.
- Because of the special incentive these by donation sections fill early (we limit the training to 10). **We encourage you to apply early to reserve your space in class.**
- **There are no pre-requisites to the training.** We encourage of a variety of ages, yoga experience, yoga backgrounds and philosophies. We teach an easy going, non-dogmatic approach to yoga!



Figure 1: 2009 Yoga Month Teacher Training Class

KCFitnessLink

Application for Admission and Enrollment Agreement

(PLEASE PRINT CLEARLY)

Date: _____ Date of Birth: _____

Social Security number: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work phone: _____

Other/mobile phone: _____

E-mail: _____

Emergency contact person:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Other/mobile phone: _____

Address: _____

City/State/Zip: _____

Education (include high school, college, technical, other)

School	Dates	Program of Study	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have previous experience in bodywork, meditation, yoga, Pilates, coaching, nutrition, wellness or other fitness and holistic health experience?

Please list your expectations and main things you would like to achieve from the program of study.

Do you have any injuries, medical conditions or other health related concerns that we should know about as it relates to any practical training components of our programs and your time away from home for residential training?

What is the purpose for taking the training (e.g. expand personal practice, to teach a group health and fitness course, continuing education, etc)

Please list your expectations and main things you would like to achieve from the training.

How did you learn about our programs of study?

Registration

Register me for the: (Please include course and date). The schedule of dates located earlier in the catalog.

____ 200 Hour Yoga Teacher Training, September 6-17, 2010

____ 200 Hour Yoga as Therapy Training, October 4-15, 2010

Payment Type

- Credit card (online payment or included in application)
- Personal Check (mail)
- Cashier Check (mail)

Payment Amount

I would like to pay:

- Residential Deposit of \$500
- Full donation amount of program _____
- Monthly Payments (only valid for full donation): Please choose ____12 ____24
- I will pay through myCAA or GI Bill

Student Housing

We have limited student housing available on a first come first serve basis. I would like to student housing

Residential programs:

I understand the \$500 deposit is not refundable and only transferable to other KCFitnessLink programs or services. Residential programs are completely non-refundable.

Please list any dietary or special needs during your stay (vegetarians, allergies, etc)

Flexible Monthly Payments/Full Credit Payments:

I authorize KCFitnessLink to charge my credit card for the amount listed above. I understand monthly plans will be automatically charged each month. All monthly payment plans must have an additional back up card on file. All late payments are subject to \$30 per month late fees.

Signature: _____

Date: _____

Credit Card Payments (Please Print)

Full name as appears on card: _____

Billing address: _____

Billing City, State, Zip: _____

E-mail (please print) _____

Phone number: _____

Main Card:

Credit Card type:

MasterCard Visa

Credit Card number: _____

Expiration date: _____

Card security verification number: _____

The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.

Second Back-up Card for monthly payment plans:

Credit Card type:

MasterCard Visa

Credit Card number: _____

Expiration date: _____

Card security verification number: _____

The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.

Enrollment Agreement:

____ (initial) I have been given the enrollment agreement and have read it fully.

____ I have read the entire KCFitnessLink catalog

I understand this enrollment agreement is a legal agreement. I have included only truthful information in this agreement regarding my health, my education, experience and financial information. I understand that deposits for live classes are non-refundable. Refunds are not issued for coursework; credits are applied for any canceled courses towards future training. Students may cancel this agreement in writing, detailing the reason for cancellation at any time.

Name (Print): _____

Name (Sign): _____

Effective Date: _____

Please mail application and payments to:

KCFITNESSLINK

510 N. 6th Street, Kansas City, KS 66101

OR

Fax: 816.817.1192