

Cloud Nine Yoga Puerto Rico
200-hr In-Depth Yoga Training & Teacher Certification



Facilitated by Crystal Rios, April Matulich, and Stella Tryon

Registration Information & Agreement Form

Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas, make a copy for yourself and mail the ORIGINAL, along with your 25% deposit payment to:

***Rising Lotus Yogis
3712 E Ransom St,
Long Beach CA 90804***

NAME: _____

ADDRESS:

PHONE: _____ **EMAIL:** _____
(The one you use most) (The one you check most)

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

Please answer the following questions regarding your yoga experience (use separate sheets or the back of this form as needed):

1. How many years have you been practicing yoga? Where are you practicing?

2. How many hours per week? What style/type of class?

3. Tell us about your most memorable experience taking a yoga class.

4. What subject/topic excites you most about this training? Why?

5. Which specific aspects of this 200-hr Program attracted you?

6. List your Goals/Intentions as you embark on this Yoga Training adventure:

Please answer the following questions regarding your medical/health history:

1. What medications are you currently taking?

2. Do you have any allergies? If so, list specifics and what you do to prevent/treat them.

3. Are you currently suffering from an injury? If so, please describe in detail where in your body, the diagnosis from your physician, what happened and what you are doing to nurture healing (use separate page if needed)

4. On a scale from 1 – 10 (one being poor and ten being perfect), rate your emotional/mental health. Explain why you chose this number.

5. Do you have a religious/spiritual practice? Tell us a bit about it.

6. What other physical activities/sports are you involved in?

7. Describe a typical day in your life.

* Cloud Nine Yoga collects this information to get to know you. All answers are seen by our facilitators and kept confidential. We do not discriminate based on age, race, religion, sexual orientation or background. Questions are offered to better serve you as a student of our Teacher Training Program. We reserve the right to refuse an applicant. We take pride in creating a safe space of acceptance, healing and unconditional love. We do not claim, nor desire to be an alternative for proper medical or psychological care. All applicants are screened and treated equally.

Tuition agreement (please check one):

\$4999 Private , Single (On-site bedroom with a Private Bath)

\$4499 Double Occupancy (onsite shared bedroom for two - shared facilities)

\$3499 Local or Stay Off Site (Breakfast and Lunch included)

\$3749 Local or Stay Off Site (Breakfast Lunch and Dinner included)

_____ (Please initial): I agree to cover all additional personal costs incurred such as transportation, optional outings, body treatments/massage, private consultations with lead instructors, snacks/supplemental meals, book purchases, journal and other “school supplies”.

Payment method (please check one):

Cash Money Order Check I would like to use a credit card Paypal or Venmo

Please make checks payable to: Rising Lotus Yogis

A 25% Deposit is required with Registration to confirm your participation. You may receive 10% off the Balance due when paid in full by September 18, 2017. ALL PAYMENTS MUST BE COMPLETED BY October 18, 2017 or late fees will incur.

Due to the limited space availability and planning for this retreat, students are advised to solidify all plane reservations and travel arrangements at the time of registration.

TOTAL BEING PAID TODAY: \$

Balance Due: \$

Refund / Payment / Participation Policies: Refunds - We have a strict cancellation policy due to the nature of this event.

Cancellations made before September 18, 2017 are refunded less a 25% cancellation fee.

Cancellations after September 18, 2017 are refunded 50% of the total paid.

Payments - Late balance payments (after October 18) will incur an additional \$100 for every week past due.

Participation - Any adjustments in plans, travel, or attendance before, during, or after the retreat training are student's responsibility. Participant surrenders fees for the scheduled activities, meals, and accommodations, regardless of participation.

_____ (Please initial): I have read and understand the refund, payment, and participation policies written above and agree to honor this agreement.

What's Included:

- All our incredible curriculum: inspiring workshops, special events, and classes.
- Three freshly prepared vegetarian meals daily (except for off days)
- Accommodations at the gorgeous and exclusive Alternavida Retreat House
- Nourishing down time and shared community vibes
- Very special offsite group excursions (at least one per week)

Please let us know HERE if you have any food allergies or special requests:

_____ (Please initial): I have read and understand the refund policy above.

_____ (Please initial): I agree to cover all additional personal costs incurred such as transportation, optional outings, book purchases, journal and other "school supplies".

OTHER PERTINENT INFO:

As a student of Cloud Nine Yoga's 200-hr Yoga Training program, you will receive a minimum of 95 Curriculum Contact Hours during this Yoga Training course retreat. Another 55+ hours are completed during group activities such as shared meals, offsite adventures, and sangha. Students are also required to complete 10 Seva hours (helping with kitchen, chores, housekeeping), 15 hours with a mentor, 15 hours of personal practice and 10 hours to complete the required homework/reading in addition to your contact hours with the Lead Instructors. Certification from Cloud Nine Yoga is awarded upon conclusion of this program when all required hours are met.

ASSUMPTION OF RISK/Liability Release

_____ (initial) I am aware that participation with "Cloud Nine Yoga", may be hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume. I acknowledge that I have read the LEGAL LIABILITY RELEASE and agree to the terms outlined in this entire document.

LEGAL LIABILITY RELEASE

*As consideration for being permitted to participate in Cloud Nine Yoga classes, activities, outings and travel, I hereby agree that I, myself, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith Calig, Crystal Rios, April Matulich, Stella Tryon, Yancy Wright, Guest instructors, Cloud Nine Yoga, Stella Luna Yoga, Alternavida for injury or damage resulting from my participation in any lesson, class, workshop, excursion or activity. I hereby release Erika Faith Calig, Cloud Nine Yoga, and all agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in ANY offerings of Cloud Nine Yoga, LLC and for all claims, injury damages or liability suffered by me in connection with my participation. Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician. **I have carefully read this entire agreement and fully understand the above contents. I am aware and agree that this is a complete release of liability voluntarily assumed for my participation in all activities with “Cloud Nine Yoga, LLC”, “Stella Luna Yoga”, and “Alternavida”.***

Printed Name

Signature

Date

*** PLEASE MAKE A COPY OF THIS ENTIRE FORM FOR YOURSELF BEFORE MAILING.**