

Informational Packet Intensive March-June

200 Yoga Teacher Training Program

2031 Geer Road Turlock, CA 95382 • Phone: 209.667.8100 • Fax: 209.667.8195



I AM YOGA Wellness Studio is a body, mind and spirit studio located in the heart of the Central Valley in Turlock, California.

REVITALIZE

I AM YOGA started as a dream, bringing to fruition a love of yoga mixed with a great desire to provide space that promotes a healthy lifestyle in our community. From the beginning, it has provided an experience that is restful and revitalizing for all who walk in. The studio brings positive energy that promotes healing and enhances the wellness experience.

ENERGIZE

I AM YOGA is a certified 200-hour

Yoga Alliance approved teacher training school. Our instructors bring to the mat broad backgrounds in a variety of yoga styles infused with specialized knowledge and experience, enhanced with their own teaching flair.

RELAX

I AM YOGA houses massage therapists, hosts a tea bar that offers hand-blended remedy teas, Jem Juicery with daily fresh juices, a sauna and showers to enhance the overall spa experience for personal enjoyment.

In Service Anna Eshoo

PREREQUISITE

No formal experience is required to enroll in the I AM YOGA Wellness Studio Teacher Training program. However, we do recommend that you have a regular practice prior to the start of the course or ready to commit to a regular practice. Please be prepared to open your heart to receive and enjoy the shifts that will occur in your life throughout the training program. It is important that you attend all teacher training dates and be committed to the program to receive the full benefits and complete your Yoga Alliance Certification. If you are unable to attend a training date please notify us at info@iamyogastudio.com . Hours are required to be made up through approved classes, workshops and projects.

CURRICULUM

<u>Techniques Training/Practice-100 hours</u>

Teacher training program includes: asanas, pranayamas, kriyas, chanting, mantra, meditation and other traditional Yoga techniques. These hours must be a mix between: 1) Analytical training in how to teach and practice the techniques and

2) Guided practice of the techniques themselves. Both areas must receive substantial emphasis

Teaching Methodology-25 hours

Includes principles of demonstration, observation, assisting and correcting, instruction, teaching styles, and qualities of a teacher, the student's process of learning and business aspects of teaching

Yoga. Although your curriculum may include more than five hours on business aspects of teaching Yoga, a maximum of five such hours can be counted.

Anatomy and Physiology- 30 hours

This portion Includes both human physical anatomy and physiology (bodily systems, organs, etc.) and energy anatomy and physiology (chakras, nadis, etc.). Both, the study of the subject and application of its principles to Yoga practice (benefits, contraindications, healthy movement patterns, etc). A minimum of five hours must be spent applying anatomy and physiology principles to Yoga.

Yoga Philosophy, Lifestyle and Ethics for Yoga Teachers -30 hours

This includes the study of Yoga philosophies, Yoga lifestyle and ethics for Yoga teachers. A minimum of two contact hours must be spent on ethics for Yoga teachers.

Practicum-15 hours

Includes practice teaching, receiving feedback, observing others teaching, and hearing and giving feedback. Also includes assisting students while someone else is teaching.

Electives-15 hours (Elective hours are already distributed among educational categories above)

http://yogaalliance.org/content/200-hour-standards

Teaching Certification

Students will be allowed to make up classes missed through special arrangements with the Lead Yoga Instructor. To receive certifications all hours and requirements must be met. The program includes some final written materials and a final teaching evaluation.

TEACHER TRAINING DATES

Orientation/Introduction

March 16 Saturday 8-6pm

Intensive Weekends Fridays 6pm-10pm, Saturday 8am-6pm, Sunday 8am-6pm

March **29,30,31**April **12, 13, 14**May **17, 18, 19**June **1, 2, 3**

Single Days, Wednesdays 6-10pm

April *3, 10, 17, 24* May *1, 8, 15, 22, 29* June *5*

Saturdays 12-6pm

April 6, 27

May **4, 11, 25**



Please complete and return to the studio. If completed by hand, please print.

Name	ise complete and return to	the studio. If cor	npieted by nand, p	olease print.
Address		City	State	Zip
Phone	Birthday	Emai	l Address	Profession
PERSONAL PRA	ACTICE AND INTENTION	ON INFORMAT	<u>ION</u>	

1. How long have you practiced yoga? How often do you practice?

2. Do you have a meditation practice? For how long?

3.	Is your main goal to teach or to deepen you knowledge and practice?
4.	Do you have a background in healing arts? (Massage therapy, acupuncture, etc.)
5.	What is or will be your purpose as a yoga teacher?
6.	Do you have any physical limitations, injuries, or health related issues that may impact your study and/or practice?

7.	What do you hope to achieve from this training?
classes	tred with application. Briefly describe your yogic journey, Please include: How often you attend s, what styles do you practice regularly, your favorite classes, what is your intention in taking ourse and what you would like to learn more about? (Please use a separate paper if needed).

RELEASE OF LIABILITY

I(print name) understand that yoga includes physical movements
as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case
with any physical activity, the risk of injury, even serious or disabling, is always present and cannot
be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the pos-
ture and ask for support from the instructor. I will continue to breathe smoothly.
Lagrage that it is my responsibility to notify the instructor of any physical injury or other condition

I agree that it is my responsibility to notify the instructor of any physical injury or other condition affecting my ability to practice yoga at I AM YOGA and that I will inform the instructor immediately if any injury does occur during class.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I herby agree to irrevocably release and waive any claims that I have now or hereafter may have against (Centered Souls Inc. DBA I AM YOGA Wellness Studio, 2031 Geer Rd. Turlock, California).

I AM YOGA SAUNA WAIVER OF LIABILITY

- 1. The use of drugs, medication or alcohol prior to or during the sauna session may lead to dizziness or unconsciousness.
- 2. Please consult your physician if you are in doubt of your ability to use the I AM YOGA sauna for health reasons.
- 3. No clients under the age of 18 are permitted in the sauna unless accompanied by a supervising adult.
- 4. Please discontinue the use of the sauna if you feel light-headed, dizzy or heat exhausted.
- 5. Sauna sessions should be limited to a maximum of 30 minutes and temperatures must stay below 150f.
- 6. It is advisable to drink plenty of water before and after sauna session. Water bottles are not permitted in the sauna.
- 7. It is advised not to eat at least one to two hours prior to your sauna session to avoid any ill feelings.
- 8. Clients using any medications must consult a physician or pharmacist prior to the use of the sauna.
- 9. Pregnant women should consult their physician prior to the use of the sauna. Excessive body temperatures have a potential for causing fetal damage during the early days of pregnancy.
- 10. Do not use any chemicals or lotions prior to your sauna session. These items may block pores and affect perspiration as well as stain the wood of the sauna.

I acknowledge and accept the risks inherent in the use of the I AM YOGA sauna. I voluntarily assume the risk of injury, accident or death, which may arise from the use of the I AM YOGA sauna. I and any of my heirs, executors, representatives or assigns hereby release from all claims or liabilities for personal injury or property damages of an kind sustained while on the premises, during the use of the I AM YOGA sauna and from any advice provided by an employee, independent contractor or any representative of I AM YOGA. I agree that this Application and Waiver is in effect for all I AM YOGA sauna sessions and will not expire unless requested by either party.

PHOTOGRAPH/MODEL RELEASE AUTHORIZATION

I AM YOGA takes great pride in being able to illustrate its products, culture and people in our efforts to market the company's services to our growing client base. Whenever possible, we include photos of our employees. For that reason we request in advance your permission to include you in photographs we may take in our marketing efforts to illustrate our company and the services we provide.

I do hereby give I AM YOGA, and parties designated by I AM YOGA, including clients, licensees, purchasers, agencies and periodicals, the irrevocable right to use my photograph(s) for reproduction in any medium including but not limited to print and electronic (i.e. internet) for purposes of advertising, trade, display, exhibition or editorial use. I declare that the photographer who took the photos and, the model have an understanding whereby I have the rights to give full permission to I AM YOGA, to use the images I supplied, both printed images and electronic files (i.e. .jpg images) I herby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the photographer has taken of me or the use to which it may be applied. I further release I AM YOGA or others for who he/she/they is/are acting, from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the proper commercial or artistic use of these images...unless it can be shown that said reproduction was maliciously caused, produced and published inappropriately. I acknowledge that the photography session was conducted with my full consent and this release will was willingly signed. I affirm that I am more than 18 years of age.

I have read the release and fully understand its contents.

I have carefully read the above release of liability and fully understand and agree to the above by signing below.

SIGNATURE	DATE	

TUITION AND REGISTRATION / PAYMENT POLICY

Deposit Due Feb 16, 2019 to secure spot or contact us if it is after 2/16/2019 email Anna at anna@ iamyogastudio.com to complete application and secure spot.

Deposit to secure space \$500 (\$200 non-refundable for application processing, \$300 credit at Studio no cash refund will be issued if you decide to not participate in training credit can only be used for classes upon completion of application.

COST OF TRAINING \$2500

Check, Money Order, MC/VISA or America Express Accepted

CANCELLATION POLICY

Our Teacher Training Program is non-refundable. You have 2 years to complete the program. If you do not complete the program and decide to return after 2 years, you will be responsible for full payment of current training program fees.

I have carefully read the above Tuition and Registration Payment Policy and fully understand and agree to the above by signing below.

SIGNATURE (legal guardian if under 18)	