

# **Recovery Yoga Teacher Training sponsored by Zen and Now**

(starting September 12, 2015)

## **Application- Teacher Certification Program**

Recovery Yoga Teacher Training follows the guidelines established by Yoga Alliance for 200-Hour teacher certification. MEETS YOGA ALLIANCE STANDARDS.

At the completion of the training, you will be certified by Elizabeth Johnstone of Recovery Yoga and be able to register with the Yoga Alliance at the 200-hour level.

**Tuition 2015 -2016:** \$3,150. Payment in full is due by September 12th.

\$350.00 discount (\$2800) if paid in full by August 15th.

**Non-certification Tuition:** \$2,800 if paid in full by September 12<sup>th</sup>. \$350 discount (\$2450) if paid in full by August 15<sup>th</sup>.

**Tuition includes:** 50 classes at Zen and Now (\$750.00 value) over the course of the training. Books on reading list will be purchased separately.

The \$100 application fee is nonrefundable, except if you are not accepted.

**Mail to:** Lisa Bragaw, Zen and Now, 170 Flanders Road, East Lyme CT. 06357. You will be notified by mail or email as to your acceptance.

**Payment plans are available**, please call Lisa 860-739-2625 for information!

## QUESTIONS:

Please answer the following questions:

1. How long have you been practicing yoga?
2. Do you have a meditation practice?
3. Who have been your most influential asana and/or meditation teachers?
4. Please list trainings, retreats and/or intensives you have attended.
5. How often and how long do you practice asana? Meditation?
6. Why do you want to be a certified yoga teacher?
7. What about the Recovery Yoga Teacher Training Program interests you most?
8. Are you currently teaching yoga? If so, where and what style of yoga do you teach?
9. What does yoga mean to you? Describe how your life has been impacted by practicing yoga.
10. What are your expectations for this yoga teacher training?

11. Are you currently dealing with any physical or mental issues? If so, please provide details.

12. Are you on any medications? If so, please provide details.

13. Have you had any surgery or medical procedure in the last 7 years? If so, please provide details.

14. What are some of your other interests, ways you keep active, and community service activities?

15. **Please provide:** name, emergency contact, address, city/state, zip, day/night phone, cell phone, and e-mail address.

**ADDITIONAL NOTES:**

I understand that my physical, mental and emotional well-being is my own responsibility and that this program and those teaching it are not responsible for any injuries I sustain during this program. I have disclosed any physical, mental or emotional conditions that may affect my ability to fully take part in this teacher training. I assume all responsibility for any risks involved in completing this program, and voluntarily and expressly agree to hold harmless and indemnify Recovery Yoga, Inc., Zen and Now, and their respective officers, directors, agents, legal representatives and instructors from and against any and all liability, loss, cost, damage and/or expense, including attorneys fees and court costs, arising or resulting from my participation in this program, except as a result of gross negligence or willful misconduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_