

# SOUTH BOSTON YOGA

## Advanced (300hr) Teacher Training Application and Contract

To apply to the SBY 300 hour Teacher Training, please answer the following questions and either email a scanned version of the signed application and contract along with a large, clear and recent headshot (please no yoga poses, just a clear face shot) of yourself to [manager@southbostonyoga.net](mailto:manager@southbostonyoga.net). Or you can mail the printed and signed application and picture to 36 W Broadway, Boston MA 02127.

A \$500 deposit can be submitted online or by mailed check (made out to South Boston Yoga Center) to hold your space in the training. Full payment is due by the first day of training (see the website for payment information), payment plans are available on request.

A 200 Hour Certification is required to apply this 300 hours towards a Yoga Alliance 500 hr registration. Students who have not completed a foundational yoga teacher training but have other training must speak to the course leaders for permission to attend.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

1) Why are you interested in taking this course?

2) What is your yoga background, training, experience, etc?

3) What injuries or conditions do you have that might effect your practice? Please be as specific as possible with approximate dates.

## South Boston Yoga Teacher Trainee Contract

I, \_\_\_\_\_, understand that the South Boston Yoga Teacher Training Programs involve vigorous physical activity, and that I am in good physical health. If I have any physical injuries or conditions that might effect a daily physical practice, I have my doctor's clearance to participate in the program.

I am also aware that this program involves some personal development exercises designed to challenge my ability to lead a group safely through what can be a deeply emotional practice. I am in good mental and emotional health, and any conditions or issues have been/are being addressed with a mental health professional. If I am currently taking prescribed medication, I agree to continue with my medication throughout the training as recommended by my health practitioner.

I, \_\_\_\_\_, understand that my payment and application are for attending the program, and that certification is not guaranteed. My certification and graduation are dependent on my satisfactory participation in and completion of this program. This includes full attendance to all hours and full participation in all exercises. Certification is also dependent on my performance in group teaching exercises, written exams, understanding of the homework exercises, and the final public teaching. My certification and graduation are fully at the discretion of the Lead Trainer and Directors of the South Boston Yoga School. Graduation may be withheld at the discretion of the Lead Trainer and Directors until satisfactory completion of the program has been demonstrated.

Full certification with Yoga Alliance requires a signed certification as well as online approval by the Lead Trainer.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date