



Yoga for the Special Child[®] Program Application (for 95-Hour Certification Part 1)

Name _____ Nickname _____ M F

Date of Birth _____ Occupation _____

Hatha Yoga Level: beginner intermediate advanced

Is your child physically challenged? _____ (If yes, please describe on separate page.)

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

E-mail _____

Emergency Contact: Name _____ Phone # _____

Emergency Email Address: _____

How did you first hear about Yoga for the Special Child? _____

- I wish to attend the program at **Integral Yoga Institute in New York**
- I wish to register for **95-Hour Part 1** (Non-refundable deposit: \$300)

I wish to attend the program scheduled for: (Month/Days) _____

Current total payment included with application: \$ _____

How to Submit your Application and Tuition

- Mail: Integral Yoga Institute, 227 West 13th Street, New York, NY 10011
- E-mail: teachertraining@iyiny.org

Checks payable to: **Integral Yoga Institute**

Credit Card: MasterCard Visa American Express Discover

Credit Card # _____

Expiration (MM/YY) _____ Security code _____



The teacher training experience can be a time of deep emotional connection for some people. Though this process is healing, it can also be stressful. If you have any history of mental illness i.e. depression, anxiety, schizophrenia, bipolar disorder, posttraumatic stress disorder or any form of psychosis, it would be very helpful for your teacher to know in order to be sensitive to your needs. If you are taking medications or have been hospitalized for any of these conditions please describe below.

Please list any prescription medications: _____
(Use separate page if necessary)

Terms and Conditions:

1. To confirm your reservation, please send this signed form in and make a full payment or a **minimum non-refundable deposit of \$300 for Part 1**. Payment in full must be received 30 days prior to program start date. Checks and money orders should be made payable to **Integral Yoga Institute**. Mail your payment and application to the **Integral Yoga Institute at 227 West 13 Street, New York, NY 10011**. If you prefer not to include your credit card info on this form, please mail the application to Integral Yoga Institute and call 212-929-0586 ext. 0 to make your deposit.

2. **All payments made are non-refundable**, unless the program is canceled by Yoga for the Special Child (YSC), in which event you will receive a full refund. However YSC shall not be responsible for refunding airline tickets or hotels under any circumstances.

3. If registrant cancels 10 or more days before the program start date, by way of YSC receiving notice from registrant within that time, the sum of \$100 shall be deducted by YSC as an expense of administration. Any balance paid in excess of \$100 shall be held for registrant without interest, and may be applied by registrant to another program within one year of cancellation. If not applied within one year, all monies paid shall be forfeited.

4. If registrant cancels less than 10 days before the program start date, your non-refundable deposit shall be deducted by YSC as an expense of administration. Any balance paid in excess of the deposit amount shall be held by YSC without interest, and **may be applied by registrant to another program within one year of cancellation**. If not applied within one year, all monies paid shall be forfeited.

5. By signing below, I, the registrant, agree to these terms and conditions.

Signature _____ Date _____