



Yoga for the Special Child[®] Program Application (for Basic Level 2)

Name _____ M [] F []

Age _____ 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: _____

When and where was your most recent Yoga for the Special Child[®] program? (any level)

I wish to attend the program at **Integral Yoga Institute in New York** []

I wish to attend the program beginning: (Month) _____ (Days) _____

Total cost of program: \$1,050; non-refundable deposit \$350 due with application submission

[] Discount for licensed practitioners: 20% off (\$210) if retaking Basic Level 2

Current Payment Enclosed: \$ _____

How to Submit your Application and Tuition

- Mail: Integral Yoga Institute, 227 West 13th Street, New York, NY 10011
- E-mail: teachertraining@iyiny.org
- Fax: 212.675.3674

Checks payable to: **Integral Yoga Institute**

Credit Card: [] MasterCard [] Visa [] American Express

Credit Card # _____

Expiration (MM/YY) _____ Security code _____



Homework to be completed before attending the Basic Program Part 2:

An important part of this training is having the opportunity to observe participants working with kids with special needs while receiving feedback from Sonia. In preparation for the Basic 2 course you have been asked to complete four half-hour yoga sessions with kids with special needs. Please bring a recording of one of those sessions with you to the training.

In order to ensure diversity among the videos participants bring, we hope to work with you to select what session you record. Please share your preference by writing 1 for first choice, 2 for second and 3 for third.

Disability: Cerebral Palsy Autism Down Syndrome ADD/ADHD Other _____

Age: _____ younger (please specify) 13-14 14-15 16-17 18 _____ mixed ages

Session Type: Private Session Group Session

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 make full payment or a **minimum deposit of \$350**. Payment in full must be received 30 days prior to program start date (\$1050). 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 to make your reservation over the phone and pay with credit card, please **fax** this form to Integral Yoga Institute at **212-675-3674** and call **212-929-0585 Ext. 0** with your credit card information. **Please do not enter this info on a faxed form.**

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 \$50 shall be deducted by YSC as an expense of administration. Any balance paid in excess of \$50 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, the sum of \$350 shall be deducted by YSC as an expense of administration. Any balance paid in excess of \$350 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 _____