



## Yoga for the Special Child® Continuing Education Application for Arthritis and Scleroderma Program

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Email Address: \_\_\_\_\_

How did you hear about Yoga for the Special Child? \_\_\_\_\_

Do you have arthritis or scleroderma? \_\_\_\_\_

Do you know someone with either who would like to volunteer for our program? \_\_\_\_\_

Please check all of the following that apply to you:

- I am a 200-hour certified Yoga teacher with at least 1 year of experience teaching a population with special needs.
- I am a certified Yoga therapist.
- I am a health care or special education professional with at least 1 year of consistent personal Yoga practice.
- I have attended Yoga for the Special Child Basic Part 1 training.

What documentation will you need for continuing education credit?

Yoga Alliance     IAYT     AOTA     Other \_\_\_\_\_

What is your Hatha Yoga level:     beginner     intermediate     advanced

### How to Submit your Application and Tuition

Please complete the application form and enclose either your non-refundable deposit of \$200 or full tuition payment of \$530. Submit everything together to one of the options below.

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

Check 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 \$200**. Your registration cannot be completed without both the application form and a payment to reserve your space. Payment in full must be received 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** or email a clear copy to **TeacherTraining@iyiny.org**. If you prefer not to include your credit card info on this form, please submit your application and then call 212-929-0585 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 \$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, 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 \_\_\_\_\_