

REGISTRATIONFORM ASHTANGA YOGA TRAINING 200 HRS – start September 2021

Name:		Pasfoto:
Date of birth:		
Address:		
Postcal code and place:		
Email:		
Telephone number:		

Where did you first hear about this training?

Fomer yoga education:

How long have you been following Ashtanga yoga classes?

How often do you practice Yoga?

How often do you practice the entire primary series of Ashtanga Yoga?

Who are your teachers?

What's the name of your yoga school?

Which physical en mental challenges did you encounter during your practice?

Which other forms of sport do you participate in?

How long already and how often?

Which other similar practices do of did you follow and which other yoga styles?

Which other therapies or other education for personal development did you follow?

Language

The program will be either taught in English or in Dutch, depending on the nationalities of the participants. The syllabus, books and other material will be mainly in English. Do you read and understand English proficiently?

yes no

Personal motivation:

What is your goal of your yoga practice?

What's your motivation to participate in this Yoga training?

Medical:

Please state your current state concerning injuries, medical complaints or surgeries which have an influence on your mobility and health in general:

Do you take any medicines on doctor's prescription? And if yes, which?

Payment:

I choose the following payment method (tick as applicable)

- € 2,250 if you pay in one go before 10-6-2021
- € 2,350 for payment in one go after 10-6-2021 and before 10-9-2021
- € 2,450 for payment in instalments (contact us for details)

In addition, the costs for the retreat week of € 595, -, which costs must be paid before 1-11-2021.

The rates include: the full program, syllabus, the retreat week (accommodation and meals are also included) and participation in the mentoring program.

Questions and remarks:

GENERAL CONDITIONS

1. Registrations will be processed in order of receiving your application (registration form + passport photo + down payment).

2. After receiving your registration you will be invited for an intake. In this you discuss your application with one of the teachers, if applicable questions about the content of the study program, your admission and the level of your current practice.

3. After this intake you will receive a message as to whether you have been admitted to the program. If you are not admitted, your deposit will be transferred back immediately. If you are admitted, you have fourteen days to change your mind. If we have not received a message from you in these seven days, your registration will automatically be final.

4. When your participation is definitive, the deposit will only be refunded if the course is canceled (for example, if there are too few applications). This will then be done as soon as possible after announcement of cancellation.

5. When your participation in this course is final, you are obliged to pay the full course fee (on time). After payment of the full course fee, a refund is no longer possible (not even partially). If you opt for payment in installments, you are obliged to pay all installments, even if you were to stop training in the meantime.

6. The training is completed with the awarding of a diploma if the following conditions are met:

- minimum presence of 90%
- all components with a satisfactory completion.

7. Every student bears full responsibility for his or her health. By signing this document you declare that you are physically healthy and have no medical complaints that could prevent full participation in the training program.

8. By signing this document you agree to be fully responsible for all risks, injuries or damage that may arise from participating in the training program. You also declare that you consciously and voluntarily refrain from any future claims against De Yoga Studio, its teachers and staff, for any injury and whatever damage you might incur by participating in the study program.

9. As a student in this study program you are obliged to sustain injuries that occur during the study period, possibly pregnancy and all medical complaints that may affect your participation in the program, to report as soon as possible to at least one of the teachers in this program.

I have read the above and fully understand the content. I voluntarily and fully agree with the conditions described above.

NAME: _____

PLACE: _____ DATE: _____

SIGNATURE: _____