



## Kantra CALM School of Yoga 200-hr Yoga Teacher Training

Date:\*

Name:\*

Date of Birth:\*

Street Address:\*

City:\*

State:\*

Zip Code:\*

Cell Phone #: \* (    )

Alternate Phone #: \* (    )

May we text this number? Yes    No

Email (required):\*

How did you find out about this training?\*

Are you under physician's care? Yes    or No    . If yes, for what reason(s)?

Please describe in detail any injuries or physical, mental or emotional limitations that may affect your participation.

Please list any prescription medications you are taking or have taken in the past year, and what the medication(s) is/are for.

***Please read and take to heart this question.*** ARE YOU WILLING AND ABLE TO COMMIT TO A MINIMUM OF ONE HOUR OF PERSONAL YOGA PRACTICE, AT LEAST THREE DAYS A WEEK, AND A MINIMUM OF 10 MINUTES OF MEDITATION (silent sitting) PRACTICE EVERY DAY DURING TEACHER TRAINING? If yes, write a brief statement of personal commitment to this below.\*

What special gifts, talents, or attributes do you feel you bring to this course, to the training group of which you will be a part, and to your goals?\*

What is your past experience with yoga practice? Please include any previous workshops or intensives with Augusta and David Kantra or Rolf Gates.\*

***Please take a few moments and contemplate the following question. There is much power in writing out your intentions and goals. INCLUDE ADDITIONAL PAGES FOR ANSWERS LONGER THAN THE SPACE PROVIDED.***  
Why did you choose Kantra CALM Yoga Teacher Training? And specifically, why is this the right time for you to do this? What do you hope to get out of this Teacher Training?\*

Is there anything else you would like us to know?\*

Are there any obstacles you can see which may interfere with your fully participating in or completing this training?\*

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Kantra CALM School of Yoga, Center for CALM Living, Augusta Kantra, David Kantra or Stacy Reckeweg liable for any mishaps arising from my participation in Yoga Teacher Training or in the classes taught by them.

**SIGNATURE:\***

**DATE:\***

**PAYMENT OPTIONS: (Check one)**

\*\*There is a **\$500 non-refundable deposit** required with your application to secure your place in the training. (If, for some reason, your application is not accepted for this training, the \$500 deposit will be returned.)

**Tuition: \$3200** (This includes the **\$500 non-refundable deposit** required to secure your place.)

Option I: **(\$350 discount) Early Payment in Full (Available only until October 31st, 2019): \$2850** (\$500 to be paid with application, and \$2350 to be paid in full upon acceptance of application.)

Option II: **(\$200 discount) Payment in Full (after October 31st, 2019): \$3000** (\$500 to be paid with application, and \$2500 to be paid in full upon acceptance of application.)

Option III: **Payment Plan — \$3200:** (\$500 to be paid with application and 6 consecutive monthly payments of \$450 on the 1st of each month (January 2019 – June 2020).

For **OPTION III**, the entire balance must be paid by June 1, 2020. **PLEASE INITIAL:**

**PLEASE INITIAL:\*** I agree to pay the amount designated for the payment option selected above.

**PLEASE INITIAL:\*** I have read and agree to the Payments/Refunds Terms and Conditions.

**\$500 non-refundable deposit is due with your application**

**If paying by check:** *Please mail your check along with your application to the address listed at the beginning of the application. Make check out to **Center for CALM Living**, include your driver’s license number, state, & expiration date on the front of your check. Please mail check to:*

**Center for CALM Living**  
**150 S. Church St**  
**Fairhope, AL 36532**

**\*Credit card fees of 3% will be added if you're using a credit card. To avoid these fees, you may pay with check or cash.**

I am paying by credit card. MasterCard      Visa

Card #            -            -            -

EXP Date:

Name as it appears on your credit card:

I hereby authorize a payment of \$                    + 3% credit card fee. **PLEASE INITIAL:**

**PAYMENTS - REFUNDS TERMS and CONDITIONS**

I understand and agree that if I cancel my enrollment at least 60 days before the beginning of my program, I will be entitled to a refund of amounts paid, less \$500. I understand and agree that if I cancel my enrollment less than 60 days before the beginning of my program, or if I do not complete the program for any reason other than cancellation of the program by Kantra CALM School of Yoga, I will not be entitled to any refund, and will be obligated to pay any remainder of the enrollment fee designated above. This agreement shall be governed by the laws of the State of Alabama without regard to any law that directs the application of the law of another jurisdiction.

**SIGNATURE:\***

**DATE:\***

***Next page, you will find a “terms and conditions and ethics” page. Keep a copy for your records.***

## **CANCELLATION POLICY**

I understand and agree that if I cancel my enrollment at least 60 days before the beginning of my program, I will be entitled to a refund of amounts paid, less \$500. I understand and agree that if I cancel my enrollment less than 60 days before the beginning of my program, or if I do not complete the program for any reason other than cancellation of the program by Kantra CALM School of Yoga, I will not be entitled to any refund, and will be obligated to pay any remainder of the enrollment fee designated above. This agreement shall be governed by the laws of the State of Alabama without regard to any law that directs the application of the law of another jurisdiction.

## **CERTIFICATION REQUIREMENTS**

In order to receive your Kantra CALM Yoga Teacher Certification your tuition must be paid in full, and regular attendance is required. Missing more than two days of training, or missing practice teach sessions could put your certification in jeopardy. If, due to circumstances beyond your control, you are unable to attend a few sessions, a reasonable effort will be made to allow you to make up the material, however there is no guarantee that this will happen in time for you to graduate with your class. In addition to training sessions, home practice and independent study assignments are required to integrate the material learned in class. You must demonstrate your knowledge and understanding of yogic concepts and practices by successfully completing written and practical assignments. All required work must be completed before graduation. As a final certification requirement, it is important that you be balanced and conscious in your behavior and adhere to the code of ethics outlined below.

## **CODE OF ETHICS**

The nature of yoga (union of body, mind and spirit), on or off the mat, is to open the body and psyche through which profound transformation can occur. As teachers of yoga, we are stewards of the trust our students place in us. It is our responsibility to uphold and foster a safe and sacred environment in which to allow this work to happen. It is essential that anyone teaching Kantra CALM Yoga have a high degree of personal integrity and maintain clear boundaries in the role of serving the students. Holding ourselves as teachers places us in a position of power over our students, however subtle or obvious. We become their mentors, facilitators and helpers. Some students may idealize us or project that we are wiser or more evolved than they are. As professionals, we must remain aware of this power dynamic and never exploit the vulnerability of a student for personal gain or gratification.

## **AGREEMENT**

1. During training sessions while teaching yoga, I agree to hold myself as steward of safe and sacred space by refraining from harmful or exploitive speech, refraining from exploitive or harmful sexual behavior or attitudes, taking anything that isn't freely given, and taking any intoxicant that might cloud my mind or my ability to keep these other agreements.
2. I understand that the purpose of this agreement is to protect the environment of sanctuary for the students and to support the clarity, consciousness and self-responsibility of individuals.
3. I agree that my purpose as a yoga teacher (and teacher in training) is to serve the students' personal exploration.
4. I agree that I will avoid any activity or influence that conflicts with the best interests of the students or is solely for my own personal gain or gratification.

***I have read and understand the terms and conditions as outlined in this document and agree to be bound by these conditions. I understand that I must meet the above criteria to in order receive certification. I agree to honor this code of ethics.***

**SIGNATURE:\***

**DATE:\***

**Please print out this document and drop-off or mail to:**

**Center for CALM Living  
150 S Church St  
Fairhope, AL 36532**