

Color Me Yoga® For Children
Color Me Yoga Enterprises, LLC
Foundations and Online Training Application
P.O. Box 418
Wenham, MA 01984

Name: _____

Address: _____

Home Phone: _____ Work Phone _____ Email _____

Occupation _____

Emergency Contact Name: _____ Emergency Contact Phone _____

Address _____ Relationship _____

Physician _____ Telephone _____

Please answer the following questions to the best of your ability.

1. Are you familiar with yoga? If not, go to question #2 If so, what type of yoga do you study or practice?
How many days /week do you practice yoga if "yes" to first question?

2. What do you hope to receive out of this training?

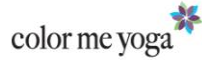
3. How do you plan to use this training?

4. Are there any medical, mental or emotional conditions I should be aware of? Are you on any medication.
If so, please specify

5. Serious illnesses, surgery, procedures within the last five years

6. Pregnancy _____ Number of months at time of program _____

7. Is there any thing else you would like to add or tell me about ?



Declaration of Disclosure and Acceptance of Terms

Awareness is fundamental to the practice of Yoga. As a student, it is solely your responsibility to monitor each activity offered and determine whether it is appropriate to participate. You remain primarily responsible for your safety and well-being.

Please read and sign:

I have enrolled in a teacher training program of physical activity, including but not limited to various yoga , meditation and dance exercises offered by Color Me Yoga Enterprises, LLC. I release Color Me Yoga Enterprises, LLC from any liability now , or in future for injury, however caused, occurring during or after my participation in this program.

I agree to practice yoga at least once/week for the next six months from the date of my certification.

I agree to acknowledge that I am a certified Color me Yoga For Children instructor. I agree that the information contained in my written manual , coloring book and CD ,given to me during this training is copyrighted information and as such is not to be copied without express written instruction of Marsha T Danzig.

I also agree , as a representative of Color me Yoga For Children, that my intention is to treat children with the highest amount of care ,respect and love. As such, I agree , when bringing this gift of yoga to children to practice the yamas(moral restraints) as listed herein:

Ahimsa: Non-violence ; Satya : Truthfulness: Asteya : Non-Stealing; Brahmacharya :Moderation;

Aparigraha : Non-Possessiveness.

Color me Yoga For Children is a program for the well-being and betterment of our world through the teaching of yoga to children. Please honor the commitment you are making to love, cherish and treasure these children through the gift of yoga.

Signed _____ Date _____

Name Printed _____ Namaste