

## **Eashoa Yoga ®200 Yoga School Application**

Blessings.

Thank you for your interest in Eashoa Yoga® Teacher Training.

Enclosed, you will find an application. In order to attend this training you must fill out an application for approval. Space is very limited so a timely application is recommended, at least one month before the date of the training.

Please follow the instructions below and return the application to :

**Eashoa Yoga®**

**PO Box 418**

**Wenham, MA 01984**

Or [info@colormeyoga.com](mailto:info@colormeyoga.com)

Please read the syllabus, which can be downloaded from the website. Please complete the application and sign the ethics agreement. Signing means you have accepted the terms of the application.

Include a \$25 application fee with your application , with a check or money order made out to Eashoa Yoga Payment must be drawn on a US Bank.

Wait for a Letter of Acceptance. Acceptance letters are sent by mail and/or email.

### **Prerequisite:**

Six Months to One year yoga experience, in order to be accepted. This should include a minimum of six months in an ongoing yoga class rather than through books and videos, unless circumstances do not allow you to be in an active class. Studying with a yoga teacher, watching him/her interact in a group setting greatly enhances your own teaching ability. In addition it is highly recommended that you have a daily yoga practice of at least one hour. If you have not yet been practicing yoga at this level or have practiced for less than six months please still fill out the application and speak with the director. During the training you will be doing many hours of active yoga practice which demands much physical, emotional and mental energy.

100% attendance is required. If you need to miss any session you must speak to the director before the session. You are responsible for any course material missed. Every day you will check off the attendance sheet. Students must be on time and complete all their hours in order to receive certification. There are take home assignments between each session , which must be completed in order to receive certification.

## Responsibility Agreement

I am responsible for my experience during Eashoa Yoga® Teacher Training. I understand that this training is demanding on every level. I understand that this training is offered for the maximum benefit to all who attend and as such the director cannot always know the specific needs of the individual student.

During this program I, alone, can take care of myself and stop if need me .

While I am required to attend 100% of the time it is also okay for me to participate with my presence if I am unable to participate with my whole self.

I do not, and will not, hold Eashoa Yoga® or Color Me Yoga® Enterprises, LLC responsible for my physical and psychological care. Eashoa Yoga™ or Color Me Yoga® Enterprises, LLC will not pay for, or reimburse me for, physical or psychological care during or after this program.

I understand that during this training, I will be challenged physically ,psychologically and spiritually. It is entirely up to me to know the edges of my own boundaries. I understand that Eashoa Yoga® and Color Me Yoga® Enterprises, LLC are not responsible for any physical or psychological risks I may undertake during the training.

I understand that the study of yoga involves exploring and discussing different belief

systems. I alone, choose what I want to believe.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Eashoa Yoga® Ethics Agreement**

Teaching Eashoa Yoga® requires sensitivity, integrity, honor ,honesty, respect and an attitude of humility, compassion and grace. I agree to act in such a way.

As an Eashoa Yoga® teacher I agree to teach from that standpoint, always honoring the student, never stepping outside of boundaries that are inappropriate. While Eashoa Yoga® does teach assists and physical contact with students, teachers must do so with consciousness towards safety, trust and respect.

I agree to be honest about my qualifications and to only offer services for which I am qualified. I agree to keep from diagnosing a medical condition, or telling a student to disregard his/ her doctor's advice.

I understand that if it so happens that my ethical standards are in direct violation of this agreement that my Eashoa Yoga Certification may be revoked.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*\*Please go to the next page to complete the application*

**Eashoa Yoga® 200 Hour Application**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Work**

**Phone** \_\_\_\_\_

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

**Date of**

**Birth** \_\_\_\_\_

**Current**

**Occupation** \_\_\_\_\_

**Emergency Contact Phone**

**Number** \_\_\_\_\_

**How did you find out about Eashoa Yoga School?** \_\_\_\_\_

**Prerequisite information**

**How long have you been practicing yoga?**

**Have you had a daily practice of yoga for at least 6 months?** \_ Y \_ N

**How long is your daily practice?** ½ hour\_\_\_\_ 1 hour\_\_\_\_ 1½ hours\_\_\_\_ 2  
hours(+)      

**Which style(s) of yoga do you primarily practice?**

**Have you taken classes with a certified teacher for at least 6 months?** \_ Y \_ N

**Have you practiced Eashoa Yoga™ ?** \_ Y \_ N

**If you answered yes: With an Eashoa Yoga® Teacher? Teacher's name?**

**With the Eashoa Yoga® CD set?**

If you answered no to any of the above questions: Please still fill out the application and wait to discuss the training with the director.

Are you currently teaching yoga? \_ Yes \_ No

How long have you been teaching?

What style of yoga do you teach? Number of classes per week

Please answer the following questions on a separate piece of paper.

1. What does yoga mean to you?
2. Why do you want to become certified as an Eashoa Yoga™ teacher?
3. Why are you interested in teaching this particular approach to yoga?

Health information (If you answer yes to any of the following questions please describe fully on a separate page.)

Are you under medical treatment for any physical or psychological condition?  
\_ Yes \_ No

Are you currently pregnant? \_ Yes \_ No

Have you ever been hospitalized for a psychiatric condition? \_ Yes \_ No

Do you have any physical challenges? \_ Yes \_ No

Have you had serious illness or major surgery within the last 5 years? \_ Y\_ N

Do you have a communicable disease? \_ Yes \_ No

Are you in recovery for any kind of addiction and if so, how long? \_ Yes \_ No  
# of years in recovery \_\_\_\_\_

Please list any prescription medications you are currently taking (indicate dosage and frequency of intake and reason for medication.

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By signing below, I affirm that the information provided in this application is accurate and true and that failure to do so is grounds for revocation of certification or dismissal from the training.

If I am unable to continue this training due to a medical emergency, I will speak with the director in order to suggest other options.

I have carefully read the Criteria for Certification and accept the requirements, conditions, and agreements expressed therein. I understand that my failure to meet the criteria will result in my not being certified.

Please Initial here \_\_\_\_\_

I have carefully read the Responsibility Agreement and understand that Eashoa Yoga® or Color Me Yoga® Enterprises, LLC is not responsible for my physical and psychological safety during this training program. Please Initial here \_\_\_\_\_

I have carefully read the Eashoa Yoga™ Ethics Agreement and understand that any violation of this agreement during the training could result in my not being certified and that any future violation could result in the revocation of my certification. Please Initial here \_\_\_\_\_

I understand that the Criteria for Certification, Responsibility Agreement, and Ethics Agreement are legal contracts. I will keep them for my records. I will be asked to sign copies for Eashoa Yoga® 's records on the first day of the program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please keep a copy of this application for your files. Please submit originals to Eashoa Yoga®.**

**Welcome to your journey into a Christ-Inspired Yoga experience.**