



# Yoga Teacher Training with Laurel Hodory & Faculty

A 200 Hour Yoga Alliance Registered Program

## Application for Enrollment

### Student Registration Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupations: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Best Number to reach you:

Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Check One:  Certification Track  Non-certification Track  
Program Selection:  Program 1: Starts Jan 16, 2013  Program 2: Starts July 10, 2013  
Enclosed Completed Referral Form:  Yes  No

### Tuition Payment Plan Selection

#### Early Bird:

May 1 Program 2

Pay in Full Plan

~~\$3150~~ payment submitted with application

6 Month Pay Plan:

\$595 initial payment with application  
\$450 per month for 6 months with Early Bird

Registration

\$477 per month for 6 months with Regular Registration

6 Month No Interest Pay Plan:

\$1,150 initial payment with application  
\$334 per month for 6 months with Early Bird Registration  
\$359 per month for 6 months with Regular Registration

*Special one time offer!  
\$2950 gets you the training AND  
the Yoga Experience! Save \$745!  
Offer valid only with Pay-in-  
Full Option.*

#### NOTE:

**You will not receive your certificate until your final payment is received.**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Initial Payment

Enclosed initial payment \$ \_\_\_\_\_:       Cash       Check # \_\_\_\_\_  
 Please charge my credit card (Be sure to complete credit card information below, Tuition Payment.)

**Please make checks payable to Yoga One LLC.** Please note, your application is not complete until your initial payment or Pay in Full is received. If you are not accepted to the program, 100% of your initial payment will be refunded to you. If you are accepted, but withdraw at least 10 business days prior to the start of the program with written notice, 100% of fees paid less a \$100 administrative fee will be refunded to you.

### Tuition Payment

If you have selected a Payment Plan, your credit card will be charged monthly between the 1st-5th of the month.

I, \_\_\_\_\_, (name on card) hereby authorize Yoga Once LLC (dba Yoga with Laurel) to charge/ debit card or Paypal account listed below in the amount(s) and intervals indicated:

Initial payment: One time charge in the amount of \$ \_\_\_\_\_ on or after \_\_\_\_\_ (date); and  
Monthly charge in the amount of \$ \_\_\_\_\_ each month until \_\_\_\_\_ (month, year).

I also authorize Yoga One, LLC to charge this credit/debit card or Paypal account for an accrued late payment fee or interest per the Late Payment Policy.

Credit Card Number: \_\_\_\_\_ -- \_\_\_\_\_ --  
 Visa       Mastercard

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Late Payment Policy

A \$29 late fee will be assessed on payments more than 5 days past due. Accounts more than 30 days past due will be assessed a 21% late fee. Students will not be permitted to attend training sessions until their accounts have been brought current.

#### Cancellation & Termination Policy

Upon acceptance to the Yoga Teacher Training and payment of the initial payment, a student is considered registered. Registrants who withdraw from the Yoga Teacher Training Program before its completion are responsible for paying the full remaining balance on their tuition. The Director of the Yoga Teacher Training Program tator may terminate the participation of any participant whose conduct is disruptive or inconsistent with the purpose of the Program.

I have read and agree to the late payment and cancellation policies:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## Application Questions

Please answer the following questions on a separate, typed page. Be as detailed as possible in your responses. Your application will be evaluated partly based upon the time, care and clarity with which you answer these questions. Your application is a reflection of the type of student you are.

Submit the completed questions along with the Director Referral and submit with initial or full payment electronically to [laurel@laurelhodory.com](mailto:laurel@laurelhodory.com) or send U.S. mail to:

*Laurel Hodory @ Yoga One LLC, 2131 Springhill Drive, Columbus, OH 43221.*

1. Describe your yoga practice. Include how long, how frequently and how consistently you practice?
2. Where do you currently take classes?
3. Is there a particular style of yoga that you prefer, or a particular teacher you study with regularly? Please explain.
4. Have you studied with Laurel, and if so, for how long?
5. Comment on the following poses. Include why do you do / don't do them and any modifications you use:
  - Shoulderstand (Salamba Sarvangasana)
  - Headstand (Sirsasana)
  - Handstand (Adho Mukha Vrksasana)
  - Backbend (Urdva Danurasana)
6. Are you currently teaching? If so, please describe your classes, where you teach, and how frequently.
7. Do you practice meditation? If so, please describe your practice.
8. Do you practice pranayama? If so, please describe your practice.
9. What specifically interests you about this yoga teacher training program? What do you hope to gain?
10. How will you contribute to the program?
11. How did you find out about the Yoga Teacher Training Program with Laurel Hodory? Please be specific.

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### Director Referral or Interview

As a part of the application process, a telephone interview or attendance at a class with the Director is required. If you are unable to attend a class, or have already attended classes in the past with Laurel, you do not need to complete this form. Instead, a telephone interview will be set up with you after receipt of your application. Please contact Laurel via email or phone to setup your interview.

Laurel Hodory, MS, E-RYT 500  
[laurel@laurelhodory.com](mailto:laurel@laurelhodory.com)  
614-256-3647

If attending class, please follow these guidelines:

1. Check the schedule online at [www.laurelhodory.com](http://www.laurelhodory.com) for Laurel's teaching schedule and choose a class to attend. You may email or call the Director ahead of time to let her know you plan to attend.
2. If you are new to the studio where she is teaching, arrive early so that you can fill out a new student registration form and pay for the class.
3. Be sure to introduce yourself to Laurel prior to class, informing her of your interest in the YTT program and that you would like her to sign this form.
4. Once the form has been signed turn it in with your completed 2012 Yoga Teacher Training application and submit it to the address listed above.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Laurel Hodory, MS, E-RYT500, Director of Teacher Training

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Relatives or Friends in Case of Emergency:

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

**PLEASE READ CAREFULLY, PRINT CLEARLY AND FILL OUT COMPLETELY**

Due to the nature of the training, the following information is required to attend. This is done in order to provide the best learning and growth environment possible for you and the other participants. Please answer the following questions by checking the appropriate response. Your answers are kept confidential. If you have any questions or concerns regarding the following, please contact the Director.

- 1. Do you have any physical limitations? If yes, please explain.  Yes  No
- 2. Do you have any medical conditions? If yes, please explain.  Yes  No
- 3. Have you an history of psychiatric disorder?  Yes  No
- 4. Have you ever been institutionalized for mental illness?  Yes  No
- 5. Are you now undergoing, or have you within the last one (1) year undergone treatment by a psychiatrist or psychologist for a psychiatric disorder or mental illness?  Yes  No

The Yoga Teacher Training with Laurel Hodory & Faculty is an educational model and spiritual model, not a medical model. None of the Faculty or Trainers are licensed psychiatrists or psychologists. If you answered YES to an of the above questions and wish to attend the Yoga Teacher Training with Laurel Hodory and Faculty, you must check one of the following statements:

- I certify that treatment for psychiatric disorder has terminated successfully and by mutual consent with my therapist.
- OR
- I certify that my therapist has approved my participation in the Yoga Teacher Training with Laurel Hodory & Faculty.

Name of Your Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

- 6. Do you have any physical symptoms, diseases, illnesses or disabilities?  Yes  No
- 7. Have you been hospitalized for a physical illness or injury within the last twelve (12) months?  
 Yes  No
- 8. Are you now undergoing, or have you within the past (6) months undergone treatment by a medical doctor?  
 Yes  No

If you answered YES to questions 1, 2, 7, 8 or 9 please explain below in detail. Include specific information concerning any currently prescribed drugs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I give my consent to Yoga Teacher Training with Laurel Hodory & Faculty to disclose any part of my experience they deem necessary to get the medical attention I may need. Yoga with Laurel has my permission to speak with paramedics, physicians, therapists, and psychiatrists or psychologists as applicable.  Yes

I have read and understand the above questions and certify that my answers are accurate and complete.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_