





How long have you been practicing?	
How often do you practice?	
Where and what style(s)/tradition?	
3. Previous yoga programs taken: where, when, and length	
4. Previous yoga or other training courses taken: where, when, and length:	
5. Are you currently teaching yoga?    No        Yes If yes: How many times per week? _____ What type of class:    6-week series/8-week series/10-week series Drop-in class/Substitute/Private Classes How long have you been teaching: _____	
6. Comments	



Please feel free to be candid yet concise and share what you'd like us to know about you.

7. How did you hear about this yoga teacher training?

8. Please outline and explain specifically what your yoga practice consists of:  
*(ie. Start with meditation, move into cat/cow...describe your warm ups, pranayama, what specific postures do you do and how do you close your practice?)*

9. How has your yoga practice personally affected your life?

10. Why have you chosen to take this yoga teacher training at this time in your life? (This training is open for yoga education as well and not only the teacher path.)

*Please add additional pages as needed.*



11. What personal experiences/qualities do you possess that would make you a good yoga teacher?

12. Do you have experience with other movement and or meditation forms? If so which?

13. What is your educational and professional background outside of yoga?

14. What other types of self-growth experiences/workshops have you had?

15. What do you wish to take away from this journey?

(Option: Include a letter of recommendation from your yoga teacher.)



**Medical History – all information will be confidential**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Please indicate any conditions that apply to you:**

<p>How would you evaluate your current health?</p> <p style="text-align: center;"> <input type="checkbox"/> Excellent         <input type="checkbox"/> Good         <input type="checkbox"/> Fair       </p>
<p>Present medical treatment or supervision: Conditions and for how long</p>
<p>Pregnancy: _____ months at start of program. Complications:</p>
<p>Physical limitations (vision, hearing, movement, etc.): Nature, duration, and extent of limitation</p>
<p>Serious or chronic illness or major surgery within the last five years (heart problems, cancer, etc.) Conditions and dates. (Please check with your doctor if this program is suitable to you.)</p>
<p>Communicable diseases:</p>
<p>Drug or alcohol addictions: how long, when stopped, and treatments:</p>
<p>Prescription medications (indicate dosage &amp; frequency of intake):</p>
<p>Current psychotherapy, counseling or psychiatric treatment: reason and duration:</p>



Hospitalization for psychiatric care:

Condition & dates:

Do you have any physical, emotional or mental challenges that we need to know about that are not included above? (Please take your time in answering this question, as it will allow us to best serve you and meet your needs.)

**In case of emergency, please contact:**

Name	_____	Phone	_____
Physician	_____	Phone	_____
Therapist	_____	Phone	_____



## ***Important Notices and Program Requirements***

- Completion of the application does not mean automatic enrollment into PCYH's Prana Yoga Teacher Training
- Applicant must at least 18 years of age and have had over 3 months of a consistent yoga practice or approved for the program by special arrangement with Dr. Migdow.
- Upon completion of this application, Director Jeff Migdow will contact you as needed for a free phone interview to discuss your participation in this program.
- Attendance is required at all scheduled program dates<sup>1</sup>, completion of all program requirements, demonstrating teaching competency, professional behavior and ethical conduct is necessary for certification and Yoga Alliance Registry.

I am aware of the commitment of this training. In signing below, I agree to contribute fully and demonstrate the physical, mental and emotional preparedness to participate in this program.

Also in signing below, I take full responsibility for myself during all parts of PCYH Teacher Training and release Deborah Metzger and any other designated PCYH teachers/training directors, as well as any guest instructors, Princeton Center for Yoga & Health, from any liability.

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

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<sup>1</sup> By special arrangement with the program directors, missed hours may be scheduled during or after the program time period. Possible additional fees may apply.



## Payment Plan Contract

Please check the payment plan that best suits your needs:

**NOTE: 7% administrative/processing fee applies for all payments via credit card.**

### A One payment<sup>2</sup>

\_\_\_\_\_ \$3,300 if paid in full by November 2, 2020

\_\_\_\_\_ \$2,900 (\$400 off) if paid in full by May 19, 2020

\_\_\_\_\_ \$3,050 (\$250 off) if paid by August 7, 2020

### B Payment plan<sup>3</sup>

- \$500 non-refundable deposit to hold the space is required
- An additional \$150 administrative/processing fee is added to any payment plan
- An additional \$150 Materials Fee is paid directly to Jeff Migdow at the start of the program (cash or check only)
- **Postdated checks AND a valid CC** with an expiration date over a year are required before starting the program. Late payments will be charged to credit card and include an additional 7% fee.
- **Bounced checks/declined CC:** \$25 fee applies to all bounced checks and decline CC.
- All participants on a payment plan need their payment plan specified in their signed contract.

*Tuition Total Payment Plan (50% pre-payment required)*

1. Payment by 10/01/2020	\$1,800
2. Payment by 12/01/2020	\$830
3. Payment by 02/01/2021	\$410
4. Payment by 04/01/2021	\$410

Above is our preferred payment plan. Please contact Deborah Metzger for alternatives.

Please make all checks payable to Princeton Center for Yoga & Health and please be on time with your payments. If you would like to send payments by mail please send to: PCYH, 88 Orchard Road, Suite 6, Skillman, NJ 08558

<sup>2</sup> Plus an additional \$150 Materials Fee paid directly to Jeff Migdow at the start of the program

<sup>3</sup> Paid with postdated checks or Credit Card autopay (for all CC transactions a 7% fee is added)





If you will be financing your training through Princeton Center for Yoga & Health, a current credit card needs to be kept on file even if you will be paying your payments in cash or check. Please call either studio office to make arrangements.

## ***REFUND POLICY***

If you cancel less than 4 weeks prior to training start date you will receive 50% of tuition back, less any bank or processing fees.

If you cancel less than 2 weeks prior to training start date you will receive 25% of tuition back.

After the start of training no refunds will be given for the training.

All tuition must be paid in full to receive certification.

Princeton Center for Yoga & Health reserves the right to terminate any student from the training program after a warning if there is a violation of ethical conduct.

By signing below I agree to these terms. Please make a copy of this contract for your records.

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_