

200 Hour Yoga Teacher Training / Application-Registration Form  
PLEASE PRINT CLEARLY OR TYPE. Today's Date

---

1. PERSONAL INFORMATION:

Name

---

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Preferred name

Address

---

---

---

Tel (Home) \_\_\_\_\_ Tel (Bus) \_\_\_\_\_ Tel (Cell)

Fax \_\_\_\_\_ E-mail

Web Site

---

Current Occupation

---

2. Why do you want to take this yoga teacher training, and what do you hope to gain?

3. What particular skills and qualities do you bring to this program?

4. What, if anything, do you think might get in the way of doing this yoga teacher training (i.e., time, focus, other commitments, family obligations, health issues, etc.)?

5. YOGA EXPERIENCE:

How long have you practiced yoga?

---

Describe your personal practice, what style of yoga and how regularly you practice?

If different from above, what style(s) of yoga have you practiced in the past?

Have you previously taken any classes, workshops or programs with Gen Larocque?  
If so, which one(s)?

6. Are you currently teaching yoga?

---

If yes, how many classes per week: \_\_\_\_\_ What tradition/style?

How long have you been teaching?

---

7. MEDITATION EXPERIENCE:

Do you already practice meditation?

---

If yes, how long have you practiced meditation?

---

Describe your personal practice of meditation and how regularly you practice?

8. Please list other trainings you've taken and healing modalities you've studied, including self-awareness or personal growth work.

9. What does yoga mean to you and how has yoga changed your life?

10. How did you find out about this teacher-training program?

11. Provide the name and contact information of your current yoga teacher; and/or a certified yoga teacher who can give their recommendation of your readiness to participate in this training:

12. HEALTH INFORMATION:

Under medical treatment or supervision for:

\_\_\_\_\_  
Pregnant? \_\_\_\_\_ If yes, months at time of program: \_\_\_\_\_ Comments:

\_\_\_\_\_  
Current psychotherapy, counseling, or psychiatric treatment for:

\_\_\_\_\_  
Hospitalization for psychiatric care (include condition and dates):

\_\_\_\_\_  
Chronic physical limitations/physical handicaps (i.e., vision, hearing, movement, etc.):

Nature and extent of limitation:

\_\_\_\_\_

Serious illness or major surgery within the last 5 years (i.e., cancer, heart problems, etc.):

Condition and dates:

Communicable diseases:

Drug or alcohol addiction? \_\_\_\_\_ Eating disorder? \_\_\_\_\_

Prescription medications and/or natural remedies (include what condition it's for):

**13. EMERGENCY CONTACTS:**

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is unethical and constitutes grounds for revocation of certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Please complete the above Application Form and return promptly for review. You will be notified promptly by email regarding your acceptance to the program. Include your deposit of \$550.00. To ensure the highest level of quality instruction and personalized attention each program is limited to 15 participants. Complete and include the Payment Contract below with your registration.

## 200 Hour Yoga Teacher Training - Payment Contract

Participant's Name (print) \_\_\_\_\_

Today's Date \_\_\_\_\_

Please check one:

- Early Registration Discount By August 1st: \$2650.00 Deposit with application/registration: \$550.00 Balance due before or by Aug. 1<sup>st</sup> : \$2100.00
  
- Payment after August 1st: \$2850.00 Deposit with application/registration: \$550.00 Balance due before or by 1st day of Program: \$2300.00
  
- Private payment arrangement (please contact me regarding this before sending in your application)

### **Tuition Payment Methods**

- Email directly from your online banking to: larocque.gen@gmail.com
- Checks payable to: Genevieve Larocque
- Wire from your bank account to our bank account; contact us for details.
- Credit card payments may be made online on Pay Pal. Note: with Pay Pal add 3% for CAD; or 4% for USD to the amount of your payment. (Will be available soon)

**Cancellation/Refund Policy for Tuition:** In the event that you must cancel your participation in the YTT program you are registered for: up to one month (30 days) prior to first day of the program you are registered, you are eligible for a full refund of your payment for tuition and/or accommodations minus \$250.00 cancellation fee. Up to ten (10) days prior to the first day of the program, you are eligible for a refund of 50% of your total payment, minus the \$250.00 cancellation fee. Within ten (10) days prior to the first day of the program, no portion of your payment will be refunded.

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is unethical and constitutes grounds for revocation of certification. I have read, understand and agree to the terms and conditions explained in the Gen Larocque Yoga Teacher Training Application Form, Payment Form, Curriculum (subject to change), Required Books & Materials, Homework Assignments, Attendance/Certification policies, terms and conditions in these ten (10) pages included above and below.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_