

Yoga Union Backcare and Scoliosis Certification Program 2018 Application

Thank you for your interest in the Yoga Union Backcare and Scoliosis Certification Program. We're excited to be offering this training, which has evolved over the course of almost ten years into the most comprehensive program in the US. We look forward to hearing about you, your background in Yoga and why you think the YU Backcare Certification is a good fit for you.

Please fill out this application and either email it to Yoga Union (info@yogaunion.com) or bring it with you to your audition class. If you are copying your application into the body of an email, you will need to add a digital signature (you can take a screenshot of your signature and drag that into the doc).

Name:

Address:

Email:

Phone number:

Which program are you applying for?

Full 100-Hour Backcare and Scoliosis Certification _____

Basic Backcare Certification (no Scoliosis) _____

Where and with whom have you studied Yoga for the last three years? Include the style, teacher, studio, and class level, how often you took class, and for what duration of time.

List your Yoga Teacher Trainings/Certifications.

Include for each: the start and end dates, the number of hours, the style, teacher(s), studio.

How often do you teach yoga and what style and level?

Do you have another kind of teaching experience?

If so, what do you teach?

How would you describe the level of your practice?

Do you have a self-practice? Yes No (circle one)

If so, please briefly describe what it consists of, the approximate duration of each practice, and how often you practice.

Why do you teach yoga?

Why do you wish to teach yoga to people with back issues?

What do you hope the program will contribute to your personal growth?

What qualities would make you a strong participant in this Satsang?

What special skills do you have that enhance your teaching? (For example, PT, massage therapy, Yoga Philosophy...)

What are the most important qualities in a yoga teacher with regards to helping a person in pain?

List any injuries or physical conditions you have.

To what degree do you already know how to modify your practice for these issues?

Note: Injuries or physical conditions do not disqualify you from the training.

Audition Requirement

Please schedule your audition class at Yoga Union with Alison West, Kaitlyn Hipple or other designated teacher at your earliest possible convenience.

Preparatory classes

We urge all applicants admitted to the program to take a minimum of 10 regular alignment classes at Yoga Union. If that is not possible, find an Iyengar teacher where you live. This is not an absolute requirement, but you will see that it makes an enormous difference to your understanding of how we work prior to the start of your training.

Requirements:

You must take five basic herniation classes prior to the first backcare weekend beginning February 15. This is essential, so that you start the training with some sense of how you will be working and what the language is. Please confirm by initialing that you are ready to take a minimum of five basic herniation classes at Yoga Union before the start of the in-studio workshops February 15. _____

If for any reason this is not possible, please explain:

Payment plan

Please indicate if you intend to pay with a Payment Plan: (circle one) Yes No

There is no pre-set plan other except that one third is due by the registration deadline, **January 27**. You design your own plan and provide us with a signed letter, laying out the payment plan and indicating that you will pay the full tuition *even if you decide to leave the training for any reason other than an emergency*. The balance is due within six months of the start of the training.

Certification Waiver

Please sign that you understand that Yoga Union reserves the right to withhold certification if you do not meet its standards and requirements.

I, _____, hereby declare that I understand that Yoga Union reserves the right to withhold certification if I do not meet the requirements and standards of the Backcare Certification Program, and agree to Yoga Union’s right to do so. I will receive no refund for the Program should I fail to meet the standards.

Signed _____ this day of _____, 2017/2018.