

Karma Kids Yoga Teacher Training Registration Form

Name _____

Address _____

City, State, Zip _____

Email _____

Home Phone _____ Cell Phone _____

Occupation _____

Goals for training program _____

Prior Certifications _____

Describe your personal yoga practice _____

Describe any physical conditions or imbalances you have that could be aggravated by exercise (back or knee problems, heart condition, recent surgery, injuries, high blood pressure, etc.) _____

Training Dates _____ 2nd Choice _____

Release Form:

I, _____ release Karma Kids Yoga, Shari Vilchez-Blatt, and KKY Facilitators and all sponsoring agencies from responsibility for any injuries I may receive as a result of participation in this course. I certify that my level of physical condition as determined by myself or my physician will allow me to safely participate in this program.

I realize that completion of this course is in recognition of training rather than a statement of certification. I understand that I will receive a certificate of completion for class hours that I participate in this course.

Though KKY endeavors to impact the importance of integrity and ethics in children's yoga teachers, I agree that KKY is not responsible for the actions of those who have taken training in this course.

I understand that the name Karma Kids Yoga is trademarked by Shari Vilchez-Blatt, and as such is not appropriate as the title of children's yoga courses or classes that I may offer. It is entirely appropriate for KKY to be listed in my course bio or resume as a statement of my training.

I understand that payment is non-refundable. I agree to a \$40 processing fee to change the date of my course to a future date. If I need to change the date within 2 weeks or less of the course, I agree to pay a \$100 fee.

I have read this release and am legally competent to sign this statement.

Signature _____ Date _____

Return with your payment in full to Karma Kids Yoga, 104 West 14th Street, 2nd Floor, NY NY 10011