



Birchwood Center Deepening Your Practice Application

January 6, 2012 – June 16, 2012

Dear Applicant,

Please complete the following steps:

1. Check the dates of program sessions to be sure you are available to attend all of the mandatory sessions.
2. Make sure that you meet the prerequisite of six months prior yoga experience, i.e. study with a teacher and personal yoga practice.
3. Fill out the application completely and sign.
4. Read the Criteria for Participation Agreement, sign and return one copy with your application. Keep the other copy for your reference.
5. Return signed application and Criteria for Participation Agreement with the application fee of \$50 plus \$500 deposit to Birchwood Center, 85 S. Broadway, Nyack NY 10960, Attn: Teacher Training Program.

If you have any questions about the application process or the Deepening Your Practice program call the Birchwood Center office at 845.358-6409 or email info@birchwoodcenter.com.

Mandatory Session Dates:

January

Friday Jan 6 6-9pm
Saturday Jan 7 9am-5pm
Tuesdays Jan 10, 17, 24, 31 7-9pm

February

Friday Feb 3 6-9pm
Saturday Feb 4 9am-5pm
Tuesdays Feb 7, 14, 28 7-9pm
(Tuesday Feb 21 is school vacation week – no TT class)

February/March

Friday Mar 2 6-9pm
Saturday Mar 3 9am-5pm
Tuesdays Mar 6, 13, 20, 27 7-9pm

March/April

Friday Mar 30 6-9pm
Saturday Mar 31 9am-5pm
Tuesdays Apr 3, 17, 24 7-9pm
(Tuesday Apr 10 is school vacation week – no TT class)

April/May

Friday Apr 27 6-9pm
Saturday Apr 28 9am-5pm
Tuesdays May 1, 8, 15 7-9pm

May/June

Friday May 18 6-9pm
Saturday May 19 9am-5pm
Tuesdays May 22, 29, Jun 5, 12 7-9pm

June

Friday Jun 15 6-9pm
Saturday Jun 16 9am-5pm



Birchwood Center Level I 200-hour Yoga Teacher Training Application

January 6, 2012 – June 16, 2012

Please print clearly and use the back of this sheet if more room is needed.

Name: _____

Address: _____
(Street Address, City, State and Zip Code)

Telephone: Home _____ Cell _____

E-mail Address: _____

Date of Birth _____

Occupation _____

Have you studied at Birchwood Center and if so, for how long and with whom?

How long have you been practicing yoga? _____

What teachers have you studied with? _____

What style(s) of yoga? _____

At this stage in your practice, what level do you consider yourself? Beginner, intermediate, or advanced? _____

What do you wish to achieve through this training? _____

Why do you wish to be a certified yoga instructor at this time? _____

Are you under medical supervision for any physical or emotional illness? If yes, are you taking any medication for these illnesses? Please explain.

Are you pregnant? _____ If yes, how many months? _____

Do you have any physical limitations? If yes, please explain _____

Emergency Contact: Name & phone number _____

How did you find out about the Birchwood Center Teacher Training?

I certify that the above information is true and accurate.

Signature _____ Date _____

Birchwood Center does not discriminate on the basis of race, color, gender, religion, national origin, age, marital status, disability, or sexual preference. The information on this application will be kept confidential.

Criteria for Participation Agreement

Please take time to read through this agreement, sign it, and send one copy to us with your application. Keep the second copy for your records. Thank you.

Course Objectives:

1. To provide each student with an in-depth experience of yoga and the consciousness it fosters.
2. To have students learn basic asanas and other yogic practices through direct experience with Birchwood Center instructors and their own personal practice.
3. To instruct students in methodology that will develop their skills as practitioners of yoga.
4. To deepen the experience and practice of yoga for students who are committed to the practice and understanding of yoga as a way of life.

Participation Criteria:

This teacher training course is intended to result in your certification as a level I yoga teacher. Most students who attend our program receive their certification but we reserve the right to withhold certification from any student who fails to meet our requirements or develop skills necessary to safely and competently teaching basic asanas and yogic practices. The program directors and teachers will use the following criteria to establish students' eligibility for certification:

1. Attendance – To maintain the integrity of the training group, 100% attendance is required, arriving to sessions on time and staying to completion. If, in a serious emergency, you need to miss any session, we ask that you notify the directors prior to the session.
2. Practice teaching – Full participation in group practice teaching during training sessions , as both teacher and student, is mandatory.
3. Readings and monthly written assignments will be required to help deepen your practice.
4. All fees must be paid in full prior to receiving certification.
5. Students are responsible for signing the attendance roster at each weekend session or weekly class. To be considered present, students must stay for the duration of the session.
6. Exams and testing are not required but are optional.

I have read and understand all the above criteria for certification. I understand that failure to complete the certification requirements will result in my not being certified. I understand that I am not entitled to any refunds, credits, or adjustments resulting from my failure to complete the certification requirements.

Signed _____ Date _____