**Registration for 8 Limbs’ European Level 1 Teacher Training**

Name: ...........................................................................................................................

Address: .......................................................................................................................

Postcode: ....................... State: ........................ Country: ............................................

Phone: ............................................ Email: ..................................................................

Date of Birth: ............................................ Age: ........................ Gender: ...................

Occupation: ..................................................................................................................

Which Module are you attending?

Pranayama, Yoga Sutra & Asana with Gregor

Anatomy, Adjusting & Asana with Monica

Meditation, Sutra & Asana with Gregor

An Act of Giving: Teaching Skills & Asana with Monica

How did you hear about us? Blog Books Friend Teacher Advertisement

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**Yoga Practice**

1. What forms of Yoga have you practiced regularly and for how long?

2. Please describe your current practice, extent and frequency.

**Health History** (confidential)

3. Do you have an injury or disability that could impinge on your ability to perform yoga or to complete this training?

4. Please list any medical conditions, such as heart problems, diabetes, severe allergies, high blood pressure etc that could impinge on your ability to perform yoga?

5. Please list any drugs that you take regularly, including medication for anxiety, depression and recreational drugs

6. Is there anything else you need to tell us?

7. Why would you like to participate in this training?

**Agreement**

1. 8 Limbs agrees to provide professional training by experienced senior teachers who are each qualified in their respective teaching field. We uphold the right of trainees to be treated in a respectful manner free from discrimination and harassment.
2. I agree to punctually attend all classes and workshops of this training and act in a respectful manner to all teachers and fellow trainees.
3. I understand that to be eligible to receive the 200-hour Yoga Alliance certification I must meet all course requirements.
4. To obtain certification all practical and theoretical assignments and the workbook must be completed within the prescribed time frames. A journal of all non-contact hours must be kept and presented at the end of the training.
5. 8 Limbs retains the right to defer or discontinue a trainee’s participation in the training if they are unable to uphold this agreement.
6. 8 Limbs and its contractors accept no liability for any injury, loss, damage or costs incurred by me arising in relation to my involvement in activities related to this yoga teacher training.
7. Deposits/ accommodation fees become non-refundable 10 weeks prior to the event unless we find a fill-in student (for which a $110 admin fee would be due). Deposits/ accommodation fees are transferable to other events without an administration fee after 10 weeks prior to the event if we can find a fill-in student. We recommend ‘Cancel for Any Reason’ travel insurance.
8. The tuition fee is due 8 weeks prior to the event but is transferable and refundable should the trainee be unable to attend.

*Please sign that you have read and understood this mutual agreement and are prepared to uphold this contract.*

**Trainee**

Name: ..........................................................................................................................

Signature: .................................................................... Date: ......................................