



INSPIRITUS[™]
— YOGA —
Wholistic Wellness & Training

Master Advanced Yoga Specialty & Therapy (M-AYST) Training Application

Thank you for your interest in the Master Advanced Yoga Specialty & Therapy (M-AYST) Teacher Training Program. Please read the Information Packet which outlines the expectations of each module of the program before completing the application process. If you have any questions, feel free to email dawn@inspiritusyoga.com or call 480-250-5867.

Application process:

- Review the AYST Information Packet, including module expectations and training dates.
- Complete this Application Form and submit via email to dawn@inspiritusyoga.com
- Pay \$100 non-refundable application fee (will be applied toward tuition of first Module taken).
- Complete an interview – in-person, Skype, or Zoom preferred.
- Read and sign our Waiver/Release form (will be provided following interview prior to your first Module start date).
- Submit tuition payment at least three weeks prior to Module start date.

Tuition & Payment:

The cost of tuition varies according to which Module(s) you choose and prices are in US dollars. Payments are made per Module, and are due a minimum of 2 weeks prior to the start of that Module. An electronic version of the training manual is included in the cost of tuition. The cost of travel, meals, and additional required reading materials are **not** included in the cost of tuition, and are the responsibility of the participant.

I would like to pursue the following M-AYST Certificate. Once you have accrued the required number of hours, completed all of the requirements and have paid in full, you will obtain your certificate.

- 300 Hour M-AYST
- 500 Hour M-AYST

I would like to pursue a M-AYST certificate with an emphasis in the following area. Please note that 30% of your hours must be within your subject study area.

- Yoga Therapeutics
- Touch
- Wellness Coaching

Application Form

Name Preferred Name

Address City, State, Zip

Email Address Best Phone

Emergency Contact/Relationship Emergency Contact Phone/Email

Please answer the following questions as completely as possible. You may attach a separate page if needed.

How did you find out about our program? _____

Your occupation: _____

How long have you practiced yoga? _____

What is the most rewarding aspect of your yoga teaching? _____

What is the most challenging aspect of your yoga teaching? _____

Describe yoga experience, styles practiced, and previous training(s): _____

Describe your yoga teaching experience: _____

What do you plan to do with your certification? _____

Do you have any concerns about participating in the program? _____

Why have you chosen to do our program and/or what about our program appeals to you?

Do you feel you have been called into a leadership role in your life? Explain.

Health Information:

Please state any medical limitations or current medical treatments we should know about:

Have you experienced any of the following (check box if Yes)?

- High blood pressure
- Diabetes
- Heart conditions
- Respiratory conditions
- Bone or joint conditions
- Retna problems or Glaucoma
- Back pain or injury
- Communicable disease
- Addiction
- Diagnosed mental-health condition
- Seizures or strokes
- Physical disability
- Are you currently pregnant? Due date: _____
- Have you recently had a baby? Delivery date: _____
- Cleared for physical activity?

If you checked "Yes" for any of the above, please explain: _____

Do you have any other conditions that might limit your ability to fully participate in a yoga teacher training program? If "Yes", please describe: _____

Criminal Background:

Have you ever been convicted of a felony?

Have you ever been incarcerated?

If you checked "Yes" for any of the above, please explain: _____

Acknowledgement:

I certify that I am at least 18 years of age and am physically able to participate in a yoga teacher training program. I further certify that I possess a minimum of a 200-hour yoga teacher certification from a reputable yoga school. I acknowledge that all information submitted in this application is true and accurate. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the information packet, admissions criteria, and cancellation/refund policy.

Signature (please type if electronic)

Date

Printed Name