



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 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.
- ☐ Complete this Application Form and submit via email to dawn@inspiritusyoga.com Pay
- ☐ Pay \$100 non-refundable enrollment fee
- ☐ Complete an introduction call (in-person or Zoom preferred)
- ☐ Sign and return the Waiver/Release form
- ☐ Submit tuition payment prior to start date (payment arrangements available)

Tuition & Payment:

The cost of tuition is \$3999 US for the 300 hour program plus an additional \$2499 US if you choose to complete the 500 hour program. Payment programs are available. Training materials are included in the cost of tuition. Some courses require a small pass-through materials fee. The cost of travel, meals, lodging, and required/suggested reading materials are not included in the cost of tuition, and are the responsibility of the trainee.

Please choose from the following selections below.

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.

- ☐ Yoga Therapeutics
- ☐ Wellness Coaching
- ☐ Undecided

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