



PROGRAM INTENTION AND PURPOSE

The Divine Light Yoga Teacher Training program is based in the traditional, classical form of the Eight Limbed Path. The course is based on a richly integrated curriculum which provides for a personally transformative experience where you can understand, assimilate and develop a strong platform from which to teach. A personal spiritual practice or Sadhana, becomes the basis from which you teach, and in your own practice and growth, you develop your authentic voice as a teacher. You gain the knowledge of the key elements critical for effective teaching from these course components:

- The Roots of Yoga • The Classical Asanas • Yogic Anatomy and Physiology: Subtle and Western
- Meditation, Mantra and Mudra • The Seat of the Teacher • The Business of Yoga

Our intention is to help you first to become self-illuminated, and to experience your own Divine Light, your divinity, and to realize that it is from that place of self awareness and grace that you can help others to awaken. We become a guide, not acting from a place holding the power, but by embodying the wisdom of the lifestyle. As the guide, we empower you to become your own guru, your own light.

We intend to teach from a seat of humility, wisdom and experience of what has changed our lives and to base these teachings in the proven and sacred yogic texts and upon what the great masters have shared throughout history.

PROGRAM COMMITMENT

The teacher training program is a 200-hour registered Yoga Alliance program. Each classroom hour counts towards the required time and must be fulfilled. **In addition, outside study, practice, assisting and observation times will be required as well as meeting a personal Sadhana commitment. All reading, written assignments and class participation is part of meeting the requirements. Any missed hours will be scheduled for makeup, and may require additional work and/or fees.**

An important part of your participation and successful completion of the program is the continuation and deepening of your personal daily yoga practice. As a student you will be strongly encouraged to participate as often as possible in group yoga classes, with a variety of teachers to deepen your knowledge and understanding of the many yoga styles. These classes are not included in the cost of the training, but are an integral part of your personal skill and knowledge base.

Summary of requirements for certification:

1. **Attendance** at all classroom hours.
2. **Completion** of two 40 day meditations with summary paper written.
3. **Assist** lead teacher in 4 classes outside of our Teacher Training times.
4. **Complete** all outside reading and demonstrate proficiency of information with passing score on final exam.
5. **Observe** 8 classes outside of Teacher Training times, 4 with lead teacher, 4 with pre approved YA registered teachers, pertaining to your teaching style.
6. **Participate** in 12 yoga classes outside of Teacher Training times, 6 with lead teacher, 6 with pre approved YA registered teachers, pertaining to your teaching style. (These classes are NOT included in the registration fees and will be at your expense.)
7. **Teach** 2 full classes within our Teacher Training hours created by yourself plus various other short sequences.

Providing you meet the above requirements, Divine Light Yoga will certify you as meeting the Yoga Alliance requirements and it is up to you to then submit your paperwork to Yoga Alliance for YA Registration.



PROGRAM STUDY MATERIALS AND REQUIRED BOOKS

A comprehensive book list will be provided to you upon acceptance into the program, with recommendations on where to purchase your books. While the cost of these books is not included in the program fee, the expectation is that you are building a library for your continued use. You may find these books to become invaluable not only in your personal practice, but also in your teaching. Also, depending on what books you already own, can borrow or share, your cost may vary. A course binder is included.

PERSONAL HEALTH REQUIREMENTS

The program will include steady and strong asana, meditation and pranayama practices each time we meet. It is highly recommended that you understand your limitations, both physically, mentally and emotionally and work to develop your own practice. If you do have any specific health concerns, please be clear on the application and seek your doctor's advice and release prior to enrolling in the course. A yoga teacher training course can be demanding on all levels, consider the present state of mind, body and emotion before you enter into this program and do so with wisdom.

APPLICATION PROCEDURES

If you have any questions, please email or call me directly (denise@divinelightyoga.com or (410)570-2878) prior to completing the application. When you are satisfied you can meet your requirements and we have met to discuss your desire to apply, please submit the application to the address on the forms with your non-refundable \$500 deposit, which is applied against your full tuition payment. Full tuition will be required upon acceptance into the program unless other arrangements have been made prior to the start of the course.

REFUND POLICY

Deposits are non refundable. Tuition minus the nonrefundable deposit is fully refundable up to 14 days prior to the beginning of the teacher training program. Once the program begins, tuition including the nonrefundable deposit is nonrefundable, except in extreme cases of unprecedented or unforeseen circumstances. A wait list of students will be held up to the beginning of the course.

ASSESSMENT AND COMPLETION OF THE PROGRAM

Throughout the program we will work together in an intimate classroom setting to insure that you fully comprehend what is being taught. Our intention is to be clear, uplifting and fully supportive of your learning, personal growth and future teaching abilities. Empowering you to be comfortable, relaxed and competent in the teaching environment is important as well as awakening in you that divine spark of bhaava, love for yourself and others, in sharing the transformational and healing powers of Yoga.

Each step of the way, throughout the course, you will learn techniques for teaching, how to hold the Seat of the Teacher, how to embody a Yogic lifestyle, and how to awaken in your students their light. The assessment process therefore becomes a mutual effort as you experience personal growth and transformation. You will know your strengths and challenges and together we will work to draw out your best.

The mutual assessment of your peers is an integral part of the learning and teaching process and becomes a beneficial tool in our supportive classroom environment.



PERSONAL INFORMATION

Name _____

Today's Date (M/D/YYYY) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name _____

Phone _____

Relationship _____



MEDICAL HISTORY

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program. All information is held in the strictest confidence.

1. How would you evaluate your current health?

- Excellent
- Good
- Fair
- Some challenges (Briefly describe)

2. Do any of the conditions below apply to you?

- Epilepsy
- Diabetes
- Pregnant, plan to become pregnant during the course of the training
- None of the above conditions apply to me.

3. Please list medications you are taking that were prescribed to you by a health care professional:

4. Please list any surgeries you have had and if there are any current conditions resulting from them.

5. Is there anything else we should know about your medical history?



6. Do you practice meditation and/or pranayama? Yes No
7. Do you practice inversions? Yes No
8. Do you practice Surya Namaskar (Sun Salutation) A & B? Yes No
9. Do you practice chaturanga? Yes No
10. Is this your first training? Yes No If no, please list prior trainings:
11. Who have been your primary teachers, both past and present?
12. What area of yoga challenges you the most? (Please specify)
13. Are you currently teaching yoga? Yes No
If yes, for how many years have you been teaching? Where do you currently teach?



14. In your opinion, what qualities embody a good yoga teacher? Why?

15. Why do you want to take the Divine Light Teacher Training program?

16. What are your expectations for this training? What do you hope to achieve at the completion of the program?



PAYMENT INFORMATION

\$500 non-refundable deposit is due with your application and is deducted from the full tuition fee. Final payment is required no later than the start of the program unless prior arrangements have been made. Required books and supplies are not included in the tuition fee schedule. Each student will receive one binder of course material.

- I am paying by check. Please mail the check with your application to the appropriate address on the Application Instruction page. *Please include driver’s license number, State and expiration date on the front of your check.
- I am paying through PayPal. Please email me an invoice. (3% fee for US residents, 4% international fee.)



I understand that if I fulfill all the requirements of the Divine Light Yoga 200 Hour Teacher Training which meet the YA standards, as specified in this application, I will receive a certificate of completion for registration as a RYT 200, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program meeting the YA requirements.

I understand that Divine Light Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition. I understand that any make-up hours, resulting from my absence, will incur an additional fee that I am responsible for in order to receive my certification.

I understand that if I cancel 14 days before the start of the training, I will receive a tuition refund minus the nonrefundable \$500 deposit. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all Divine Light Yoga Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements: Yes No

Signature: _____



I, _____, hereby agree to the following:

That I am participating in the 200 Hour Yoga Teacher Training offered by the Divine Light Yoga and Denise Lapidés, E-RYT, RYT 500, IKYTA. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this training. I represent and warrant that I am physically and mentally fit and I have no medical condition which would prevent my participation in any of these activities and that I have disclosed any conditions and medications which may influence my ability to learn and participate.

In consideration of being permitted to participate in the Divine Light Yoga 200 Hour Teacher Training and its activities, I knowingly, voluntarily and expressly waive any claim I may have against Divine Light Yoga, Denise Lapidés and any and all assistant teachers and its officers, employees and agents for injury, cognitive impairment or damages that I may sustain as a result of participating in the Teacher Training.

I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue Divine Light Yoga, Denise Lapidés, or any and all assistant teachers, their officers, employees, and agents for any injury or death caused by their acts or omissions, including any negligent acts or omissions.

Accident/Health Insurance – I understand I am responsible for my own peace of mind and insurance if I want to have it and that my current insurance may or may not cover me during this training.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____ Date _____