



Application Form

March-May 2017, 200-hr program

STELLARFLOW 200-HR TEACHER TRAINING RULES & REQUIREMENTS:

- You must participate 100 percent in the Stellarflow Teacher Training Program (“called SFTT”), including Lectures, Teaching Practices and Workshops.
- You must turn in all Homework Assignments & complete makeup sessions and volunteer hours by December 31, 2017, to complete the SFTT and qualify for certification.
- You must first submit a deposit and fill out and submit this Stellarflow Application Form with a headshot of yourself to marisa@innerstellaryoga.com.
- You must read and initial every page of SFTT’s Attendance Policy & Confidentiality Policy & Photo Release Form and submit it with this Application Form.
- You must sign Innerstellar Pilates & Yoga Studio’s health history/liability form and submit it with the documents listed above if you have not already done so. Once you submit all of the documents listed above, you will receive an email about your Application status with instructions of what to do next.
- You must submit your payment in full by the first Training Session date unless otherwise agreed upon by Innerstellar’s management.
- After the first Training Session on Friday March 17, 2017, payments are non-refundable and non-transferable. NO EXCEPTIONS. Before the first Training Session date, refunds are available minus a \$250 administration fee.
- You must commit to being drug-free for the whole training – no cigarettes, alcohol, marijuana or any other unprescribed drug.



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PERSONAL INFORMATION

(Please write CLEARLY or type out and attach to this form):

NAME:
ADDRESS:
CITY:
STATE:
ZIP CODE:
COUNTRY:
PHONE (HOME):
PHONE (CELL):
EMAIL:
DATE OF BIRTH:
GENDER:
OCCUPATION:
EMERGENCY CONTACT:
EMERGENCY CONTACT PHONE:

LIST YOUR EDUCATION JOURNEY INCLUDING FORMER YOGA TEACHER TRAININGS AND RELEVANT WORKSHOPS:



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REGISTRATION QUESTIONS: We ask these questions to get a greater picture of what you are working with in your body and your psyche, and to discover how we might better help you heal from your injuries, whether physical or emotional. Speak your truth, and know that these answers will be held with reverence and care, and will not be shared with anyone but the teacher training facilitators. Be as specific as possible. These answers must be typed and attached to this signed form.

(Be as specific as possible, these answers must be typed and attached to this signed form):

1. What are your expectations for the Stellarflow Teacher Training? What would you hope to gain, learn or work on?
2. Tell us about your physical health (major illnesses, surgeries, any injuries or physical conditions we should know about?). Indicate if your condition may result in an early withdrawal from the course.
3. Are you pregnant, planning to get pregnant or think you may get pregnant during this Stellarflow Teacher Training?
4. Tell us about your emotional and mental health (previous or current therapy, type, length of time, eating disorders, bouts of depression, addictive behavior, PTSD, anxiety, etc.).
5. Are you currently taking any medications? If yes, please describe.
6. Have you ever been physically, sexually and emotionally abused or assaulted? Have you had any experience with violent behavior? If so, please describe.
7. Tell us about your diet, health, and exercise practices and beliefs.
8. List any other interesting things you think we should know about you.



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BY SIGNING THIS FORM, I CONFIRM THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE. FURTHER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE REQUIREMENTS FOR THE STELLARFLOW TEACHER TRAINING, INCLUDING ITS ATTENDANCE POLICY.

SIGNATURE:

DATE:

HEALTH HISTORY FORM

The Health History Form is designed to help identify individuals for whom physical activity might be inappropriate at the present time, and to help your trainer design a fitness program based on your individual needs. It is not intended as a substitute for a complete physical examination and assessment by a physician. It is recommended that each client undergo a medical examination prior to the initiation of any exercise program. With this understanding, please answer the following questions accordingly.

1. Do you currently have an illness or infection? Yes No

If yes, please explain _____

2. Have you been hospitalized or had major surgery within the last year? Yes No

If yes, please explain _____

3. Are you pregnant or have you given birth within the last two years? Yes No

4. Do you have a history of the following conditions? Circle all that apply.

Diabetes	Emphysema	Family History of Heart Disease	Liver Disorders
Smoking	Kidney Disorders	Asthma	Arteriosclerosis
Cancer	Eating Disorders	HIV/AIDS	Panic Attacks
Irregular Heartbeat	Seizures	Thyroid Disorder	High Cholesterol
Bronchitis	Depression	Heart Attack	High Blood Pressure
Drug +/- Alcohol Addiction		Osteoporosis/Osteopenia	

5. Do you have any other medical condition not previously mentioned? Yes No

If yes, please explain _____

6. Do you have a history of the following injuries or orthopedic problems? Circle all that apply and list date of your injury.

Joint problems	Disc Issues	Low Back Pain	Sciatica
Tendonitis	Nerve Pain	Shoulder/Neck Pain	Arthritis
Bursitis	Knee Pain		

7. Are you currently receiving any physical therapy?

If yes, please explain _____

8. Are you currently taking any medications? Yes No

If yes, list medication AND condition _____

9. Current Fitness Activities _____

10. GOALS _____



Attendance Policy

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PLEASE READ AND INITIAL EACH PAGE OF THE FOLLOWING ATTENDANCE POLICY FOR LECTURES, TEACHER TRAINING SESSIONS, WORKSHOPS AND HOMEWORK ASSIGNMENTS ASSOCIATED WITH THE STELLARFLOW TEACHER TRAINING.

OVERALL ATTENDANCE POLICY ...

- Successfully completing the Stellarflow Teacher Training (heretofore called SFTT or Program) allows the Trainee to earn a 200-hr Teacher Training Certificate and apply for RYT-200 status with Yoga Alliance. You will also earn eligibility for assistant, volunteer work for trade, sub and teaching opportunities at Innerstellar Pilates & Yoga.
- As detailed in the Stellarflow Teacher Training Registration Form, one of the program's requirements for successful completion is 100 percent participation. More specifically, Trainees are expected to complete all 10 Program Weekends and Homework Assignments. Dates for this year's SFTT have been provided in advance so this requirement can be met (see dates at innerstellaryoga.com).
- **IMPORTANT: TRAINEES CAN MISS UP TO 10 PERCENT OF THE PROGRAM, BUT MUST ARRANGE FOR COMPLETING MAKE-UPS OF MISSED MATERIAL AS SOON AS POSSIBLE AND NO LATER THAN AUGUST 31, 2017. IF TRAINEES MISS MORE THAN 10 PERCENT OF THE PROGRAM, THEY MAY BE DROPPED FROM THE PROGRAM (WITH NO REFUNDS OR TRANSFERS OF PROGRAM FEE). DROPPED TRAINEES MAY REAPPLY FOR THE NEXT PROGRAM CYCLE - FULL PROGRAM FEES APPLY.**
- Make-ups are scheduled at Innerstellar Pilates & Yoga and dependent on studio schedule and the availability of program facilitators. Payment in full to Innerstellar Pilates & Yoga is due upon scheduling the day and time of make-up.

The fee schedule for make-ups is as follows:

\$150 per hour for one trainee

\$200 per hour for two trainees doing their makeup together (each trainee pays \$100)

\$225 per hour for three trainees doing their makeup together (each trainee pays \$75)

*For more than three trainees making up the same material at the same time the fee is \$75 per hour per trainee



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Trainees are required to notify program core trainers as soon as possible in the event they will miss an aspect of the training. It is up to the Trainee to initiate make –up opportunities in the aforementioned timeline.

GUIDELINES FOR PROGRAM MAKE UPS ...

If a Trainee misses a Training Session and/or Training Session Weekend ...

Friday night make-ups: Most Friday nights (5:30 to 9:30) and some Saturday afternoons are lecture-based and as such may not be condensed in presentation. Trainees will need to pay for a 4 hour make-up time with Program facilitator(s).

Saturday and Sunday Intensive Class make-ups:

- a. OPTION ONE: Like Friday night make-ups, these intensives cannot be condensed. Trainees will need to pay for a 2 hour make-up time with Program facilitator(s).
- b. OPTION TWO: Attend a minimum 2-hour workshop at Innerstellar Pilates & Yoga and write a typed, double spaced, one-page summary of your sensations, emotions and thoughts after attending class. Submit summary to Program facilitator(s) one week after you attend the Innerstellar workshop.

Saturday and Sunday Teacher Training Segments: Some of these afternoon sessions may be condensed as the original training involved a group setting. Please contact program facilitators for timing estimate for afternoon segment missed.



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GUIDELINES FOR HOMEWORK & VOLUNTEER HOURS COMPLETION...

1. We encourage you to stay current each week on your homework assignments as they are related to material we have covered the previous weekend and/or will prepare you for the upcoming weekend. All homework assignments **MUST** be turned in by December 31, 2017. This is a hard deadline, and must be honored, so plan accordingly.
2. You will have homework assignments every Training Session Weekend and it is up to you to make sure you write down the assignments and complete them – or get them from another trainee if you are absent.
3. We ask that you complete your homework assignments via google drive by the Friday of the following Workshop Weekend.
4. The facilitators reserve the right to ask Trainees to hone or re-do their homework submissions if needed.
5. In regards to your 12 volunteer hours, you must submit a proposal to the facilitators and get approval before you begin teaching. You must complete the hours by December 31, 2017, so we recommend you submit your proposal no later than August 31st. You will receive your Certification document within one month of completing your requirements for Certification.



Confidentiality & Disclosure Agreement

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- Any personal information that is communicated to facilitators for the Stellarflow Yoga Teacher Training, namely Kiki Lovelace, Michelle Cordero and all Guest Teachers and Assistants, will be held in confidentiality.
- Need for transparency: Program facilitators will consult with each other on any personal information that is communicated to Kiki, Michelle or any other Guest Teacher or Assistant. This ensures quality of containment and support and a continuity of facilitation.
- We ask that all participants hold confidentiality. What this means is that if you have a discussion with someone outside our Teacher Training group, please ONLY share details that are relevant to YOUR EXPERIENCE and no other participant in class.
- Kiki and Michelle are open to receiving any personal communication that any participant feels is important to share. We also honor your right to hold your personal story privately.
- We deeply appreciate your attention to confidentiality. This can increase the feeling of empowerment, safety and trust for the whole group.
- If you experience any conflicts within the group or with group facilitators, your chain of support is as follows: Your spotter partner, your Assistant facilitators and if sufficient support is not found there, please email Michelle at mcordero.danceyoga@gmail.com or Kiki at kiki@innerstellaryoga.com.

PLEASE SIGN AND DATE BELOW, that you agree to this agreement.

Printed Name:

Signature:

Date:



Video Release Form

I hereby consent to Innerstellar Yoga and Pilates Studio to use my photographs, name, quotes, sound of my voice, video and likeness in all forms of media for advertising, promotion, editorial, and other marketing materials without restrictions, and all other lawful purposes. These marketing materials may be used on the web and in print to support Innerstellar's business offerings, events and education as deemed appropriate by the studio.

I waive the right to inspect or approve the finished product wherein my likeness appears.

I agree that I shall have no claim against Innerstellar Pilates & Yoga or against anyone accessing these videos or photographs, whether online, in print or by any other means.

I confirm that I am over 18 years of age and that I have not given anyone the exclusive right to use my name, photograph or likeness.

Date: _____

Name: (Print clearly in block letters)

Signature:

Innerstellar Representative Signature: _____