

# Yoga rocks kids™

## Yoga Rocks Kids™ Foundations Registration Form

Location & Dates \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Occupation \_\_\_\_\_

Are you a certified yoga teacher? \_\_\_\_\_ (not a prerequisite)

If yes, where did you get your certification? \_\_\_\_\_

Are you currently teaching yoga? \_\_\_\_\_ For how long? \_\_\_\_\_ # classes per week \_\_\_\_\_

What type of classes do you teach and to what audience? \_\_\_\_\_

Describe your personal yoga practice \_\_\_\_\_

\_\_\_\_\_

Have you or are you currently working with children or teens? Please describe \_\_\_\_\_

\_\_\_\_\_

List other relevant training, education, or experience \_\_\_\_\_

Are you currently affiliated with a school, childcare center, medical facility, or any other organization or business involved with children? \_\_\_\_\_

If so, what is your position? Also, include name and location \_\_\_\_\_

\_\_\_\_\_

What are your goals, intentions, or objectives for teaching yoga to children? \_\_\_\_\_

\_\_\_\_\_

What do you hope to learn from the Yoga Rocks Kids™ Foundations Training? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about this training program? \_\_\_\_\_

If someone referred you, who? \_\_\_\_\_

Do you want us to give your contact info to other participants who may want to share a hotel room? yes \_\_\_ no \_\_\_

Are there any health concerns or comments that you feel it is important for us to know?  
\_\_\_\_\_  
\_\_\_\_\_

**Foundations 3-Day Training**  
**Fee: \$499**

Foundations Training Includes:

- ☞ Three days of interactive training with Jeannine Smolinsky, M.Ed., E-RYT creator of Yoga Rocks Kids™
- ☞ Level I Foundations Training Manual
- ☞ Certificate of completion

A \$100 non-refundable deposit is required to hold your spot, as space is limited.

**Please mail Registration Form, signed participant agreement, and deposit or full payment to:**  
**Yoga Rocks™, 127 South Street, Oyster Bay, NY 11771**  
Payment: Please make checks payable to *Yoga Rocks™*  
Balance is due two weeks prior to training session.

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Credit Card Payment Information:      Visa      MasterCard      Amex

Card # \_\_\_\_\_ Expir. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

**Cancellation policy:** We reserve the right to cancel or reschedule trainings.  
**Refund policy:** Refunds are available in writing no later than 30 days prior to start of training less the \$100 non-refundable deposit. A \$75 processing fee applies. We are unable to honor requests made after that date.  
**Confirmation:** Shortly after we receive your application form, you will receive a welcoming email or letter confirming your registration and providing you with further details.  
**Questions?** If you need to speak to us, please email us at [info@yogarocks.us](mailto:info@yogarocks.us), call us at 516.624.YOGA (9642), or visit our website at [www.yogarocks.us](http://www.yogarocks.us).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_