

# MIRADOR Kids Yoga Teacher & Creativity Coaching Training Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Goals for training program \_\_\_\_\_

Prior Certifications \_\_\_\_\_

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

Describe any physical conditions or imbalances you have that could be aggravated by exercise (back or knee problems, heart condition, recent surgery, injuries, high blood pressure, etc.) \_\_\_\_\_

Training Dates \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

## Release Form:

I, \_\_\_\_\_ release Mirador Coaching, Mirador Kids Yoga & Creativity School, Cezarina Trone, from responsibility for any injuries I may receive as a result of participation in this course. I certify that my level of physical condition as determined by myself or my physician will allow me to safely participate in this program. I realize that completion of this course is in recognition of training rather than a statement of certification.

I understand that I will receive a certificate of completion for class hours that I participate in this course.

Though MKYCS endeavors to impact the importance of integrity and ethics in children's yoga teachers, I agree that MKYCS is not responsible for the actions of those who have taken training in this course.

I understand that the name Mirador Kids Yoga & Creativity School is trademarked by Cezarina Trone, and as such is not appropriate as the title of children's yoga courses or classes that I may offer. It is entirely appropriate for MKYCS to be listed in my course bio or resume as a statement of my training.

I understand that payment is non-refundable, but it transfers to future training dates (if I need to make up a small portion of the full training). I agree that I am responsible to make arrangements for my make up days. I can wait until another module comes back around or pay for a private teacher training module (a special fee applies here) if I cannot wait that long. I have read this release and am legally competent to sign this statement.

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

Return with your payment in full to Cezarina Trone (email: [cezarina.trone@gmail.com](mailto:cezarina.trone@gmail.com) or call 513-432-4887)