



300YTT - Yoga Teacher Training Application

Dear Prospective Student,

Thank you for your interest in Kula Kamala Foundation's 300 Hours Yoga Teacher Training program.

This next level of training is registered with Yoga Alliance as 300YTT.

This packet contains the information you will need to register and prepare for this uplifting advanced professional Certification program. If you have any questions please do not hesitate to contact Jaya, our program liaison, at 484-509-5073.

MISSION STATEMENT

The Kula Kamala Foundation 300TYT Advanced Studies Certification program is a systematic, comprehensive, creative, life changing process that will encourage and support a deeper study of yoga and a journey of personal transformation. Our mission is to provide unique, comprehensive and life-affirming program to existing teachers of Yoga. We strive to provide each participant with a robust extension of their existing training to even more effectively teach the process of yoga skillfully with compassion, safety, and integrity. Kula Kamala Foundation programs offer the highest possible quality education, with highly trained faculty and staff, and an authentic but progressive approach to the practice and study of yoga as a spiritual sadhana and as a therapeutic modality.

PROGRAM DESCRIPTION

If you have already successfully completed a 200-hour yoga teacher training then this program is the next step in your studies. The program dives deeply into advanced concepts of traditional and contemporary yogic philosophy and the therapeutic application of those techniques. The program focuses strongly on Svadyaya (self study), metta (loving kindness), therapeutic yoga, and the bhav (quality) of devotion. In addition to asana and yoga philosophy, students will explore: energetic, physical, mental, and emotional aspects of being human; meditation and advanced meditative techniques, mudra and mantra; sanskrit; adjustments; pranayama; relaxation, yoga as a therapeutic modality, and somatics. This training provides advanced skills and knowledge that will guide you as a yoga teacher in the classroom, in the community, and in the world. The Kula Kamala Foundation 300TYT will deepen existing Yoga teachers' understanding of the science of Yoga in a way that makes beautiful sense in the modern world.

Students must be YA 200RYT, 200 E-RYT or 500RYT. 99% attendance required. There are quizzes, presentations, written and practical exams. There are required textbooks for each course.

TUITION for 300TYT

1. Tuition is \$599 per module. When modules are residential there is an addition \$299 housing fee. There are a total of six modules to complete the 300TYT.

ATTIRE

Practical attire for practice of asana and meditation should be worn and should not be too baggy as to drag on the floor. All clothing should be modest. **All clothing should be white.** Practice is bare footed.

PRE-REQUISITES FOR YOGA TEACHER TRAINING

1. Completion of a 200YTT from an in-person YA approved RYS. All students are required to submit a copy of their certificate of completion with their application.
2. Official college transcripts, high school diploma or GED. All students are required to provide a copy of their high school diploma, official college transcript or GED certificate with their application.
3. Two letters of recommendation with their application. It is preferable to have both letters from yoga related professionals (teachers, program directors, studio owners where you teach, etc.) , however, one (1) can be a professional recommendation from an employer, spiritual, or religious leader.
4. At least one year teaching Yoga. All students are required to provide a statement regarding their teaching experience.

LETTERS OF RECOMMENDATION

All students are required to submit **two** Letters of Recommendation with their application. It is preferable to have both letters from yoga related professionals (teachers, program directors, studio owners where you teach, etc.) , however, one (1) can be a professional recommendation from a spiritual or religious associate.

INTERVIEW

Prior to registering students are required to contact and interview with the program director.

REQUIREMENTS for COMPLETION

In order to successfully pass this course, students must:

- Complete all coursework, assigned readings, and homework.
- Maintain a home practice and a journal on that practice.
- Participate in all aspects of training.
- Pass all practical examination, all quizzes and all final exams.
- 99% attendance

HOW TO REGISTER

To register for the Kula Kamala Foundation 300 Hour Yoga Teacher Training program submit the attached application completed with all supporting documentation and your deposit or payment in full.

Payment/deposit can accompany your application or be made online through the payment link.

Tuition must be paid in full by seven days prior to the start date of a given module.

References can follow application under separate cover.

Drop your packet off in person or send your application packet to:

Kula Kamala Foundation
attn: 300YTT Program Director
17 Basket Rd
Reading PA 19606

Again, thank you for your interest in Kula Kamala Foundation's 300 Hour Yoga Teacher Training program. If after reading this packet you have other questions please contact our ashram manager, Jaya, at 484-509-5073. You can also visit www.kulakamalafoundation.org for more information.

We look forward to working with you as you embark on this exciting, life-changing journey!
May you be Peaceful. May you be Happy. May you realize One-ness.

OM. PEACE.

swamini shraddhananda sarasvati

APPLICATION & REQUIRED DOCUMENTS

To apply for admission into the Kula Kamala Foundation 300YTT certification program complete the enclosed application, enrollment agreement, promissory note, refund policy acknowledgement, health and photography waivers and return them together with

1. copy of 200YTT Certificate
2. copy of professional resume or CV
3. Deposit or tuition for upcoming module. AMOUNT included _____
4. 2 letters of recommendation/reference(can be sent in separately)

APPLICATION

Drop off or mail all application materials to:

Kula Kamala Foundation
attn: 300YTT Program Director
17 Basket Rd
Reading PA 19606

Again, thank you for your interest in Kula Kamala Foundation 300 hour Yoga Teacher Certification Program. If after reading this packet you have other questions please call us at 484-509-5073. You can also visit www.kulakamalafoundation.org for more information. We look forward to guiding you on this exciting, life-changing journey! Your Yoga. Your Journey. Our Oneness.

Please note: The following must be provided by all students applying to the program.

PERSONAL INFORMATION

Name _____ Date _____
 Address: _____
 City _____ State _____ Zip _____
 Home Phone _____ Work/Cell Phone _____
 Email _____ Recommended by _____

I am applying for enrollment in Kula Kamala Foundation 300 hour Yoga Teacher Certification Program (300TYT) and would like to attend the following modules in 2025 (check what is applicable):

TYT102 Asana, Pranayama, Yoga, and the Mind	TYT103 Yoga Traditions	TYT201 Ayurveda 1
Sundays 1:00pm - 7:30pm January 19, 26 February 2, 16, 23 March 2, 16	Complete 3 Spiritual Studies Modules Mondays on Zoom 7:30pm - 8:30pm EST (48 sessions) and submit a ten (10) page paper as assigned.	Sundays 1:00pm - 7:30pm March 30 April 6, 27 May 4, 17, 25 June 1
Yes I am enrolling _____	Yes I am enrolling _____	Yes I am enrolling _____

How did you learn about the Kula Kamala Foundation professional programs? (please circle all that apply)

- I practice at Kula Kamala Foundation
- Internet Search
- My Yoga teacher recommended it (please list teacher's name)
- Advertisement (please list source)
- Friend
- Other _____

1. How long have you been practicing Yoga? _____

2. From which schools are you certified and at what level (school/level/year)? _____

3. How many days per week do you practice Yoga? _____

4. What style of Yoga do you usually practice? _____

5. Do you have a home practice? Yes No

6. Who have been your primary Yoga teachers? _____

7. Do you practice meditation? Yes No

 pranayama? Yes No

 kriya? Yes No

 If yes for kriya, which ones: _____

8. List any advanced training or specialty workshops you have attended in the last three years. _____

9. Are you currently teaching Yoga? Yes No

Do you have at least one year overall experience teaching Yoga? Yes No

If yes, for how many years have you been teaching? Where do you teach? What style do you teach? _____

10. Why are you interested in this 300TYT program? _____

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

12. What is your highest educational degree awarded, from what school and in what subject? _____

Medical History

Please complete the medical history section below so that we can be sure to respond to any needs/ emergencies should they occur during your training. Please note that none of your responses will exclude you from being accepted into the program.

1. How would you evaluate your current health?

Excellent Good Fair

2. Some challenges you may face in the program as the result of health concerns (briefly describe) _____

3. Do you suffer from any of the conditions below?

- | | |
|----------|---|
| Cancer | Knee Injuries |
| Epilepsy | Heart Disease |
| Seizures | Uncontrolled High Blood Pressure |
| Diabetes | No, I do not suffer from the above conditions to my knowledge |

Do you have any plates, screws or other medical devises implanted in your body? If yes, explain _____

4. Are you pregnant, plan to become pregnant during the course of the training?

Yes No

5. Are you currently or during the last two (3) years have you been under the care of a physician or mental health care professional?

Yes No

6. Do you currently or during the last three (3) years have any mental health care concerns?

Yes No

If yes, please explain: _____

7. Please list medications you are taking prescribed by your physician or mental health care professional:

8. Do you have health insurance? Yes No

9. Do you have professional liability insurance? (if yes please provide a copy of your insurance card to the school).

Yes No

EMERGENCY CONTACT

NAME _____

PHONE _____

EMAIL _____

ADDRESS _____

RELATIONSHIP _____

PHOTOGRAPHY WAIVER

I UNDERSTAND THAT PICTURES and VIDEOS INCLUDING ME MAY BE TAKEN DURING THIS TRAINING PROGRAM. I HEREBY GIVE MY PERMISSION, WITH NO EXPECTATION OF COMPENSATION, FOR ANY AND ALL IMAGES TAKEN OF ME DURING TRAINING TO BE USED BY KULA KAMALA FOUNDATION, KULA KAMALA YOGA, OR BY KULA KAMALA ASHRAM, FOR PROMOTIONAL AND FOR INFORMATIONAL PURPOSES.

Signature _____ Date _____

DHARMA, KARMA & VARNA AGREEMENT

I AGREE THAT MY TIME SPENT STUDYING WITH KULA KAMALA ASHRAM WILL BE GUIDED BY THE PRINCIPLES OF PATANJALI'S YAMA AND NIYAMA IN THAT I WILL PRACTICE TO THE BEST OF MY ABILITY: NON-HARMING, TRUTHFULNESS, NON-STEALING, SELF-RESTRAINT/MODERATION, NON-GRASPING, CLEANLINESS, CONTENTMENT, SELF-STUDY, DISCIPLINE, AND AN HONORING OF THE SACRED.

Signature _____ Date _____

RESIDENTIAL & COMMUTER STUDENT AGREEMENT

I UNDERSTAND THAT MY TIME SPENT WITH TEACHERS AND INSTRUCTORS FROM KULA KAMALA ASHRAM IS FOR THE PURPOSE OF STUDY AND SERVICE. I AGREE TO SUPPORT AND RESPECT THIS COMMUNITY. I UNDERSTAND AND ACCEPT THAT IF MY BEHAVIOR IN THIS TRAINING CAUSES HARM OR CONSTANT DISTRACTION TO ANY STUDENT OR TEACHER, IS VIOLENT OR THREATENING, BULLYING, HARASSING, OR PURPOSELY INTERRUPTING THE PROCESS OF LEARNING, IT IS GROUNDS FOR REMOVAL FROM THE PROGRAM WITH NO REFUND WHATSOEVER.

Signature _____ Date _____

SOBRIETY AGREEMENT

I AGREE TO ABIDE IN A STATE OF SOBRIETY DURING MY TRAINING RESIDENCY.

Signature _____ Date _____

LEGAL WAIVER

I, understand and agree to the following

1. I am at least 18 years of age
2. When I participate in traditional yoga classes, I will receive information and instruction about yoga, health, and the unique aspects to each practice. I recognize that all forms of Yoga require some physical exertion that may be strenuous and may cause physical injury, emotional and mental upset, crying, and even risk of death.
3. Injuries can include but are not limited to bruising, strained/pulled muscles, soreness, muscle spasms, dizziness and nausea.
4. I understand that many of the traditional Yoga classes require physical exertion and some require the student to be in an upside down position with relationship the floor (inversion). It is my responsibility to consult with a physician prior to participating in any program to insure the safety and appropriateness of my participation. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the classes offered as part of this training. If I do have such a condition, I have informed the instructor and asked for an alternate practice for any practices that are contraindicated.
5. I agree to assume full 100% responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in any and all classes and workshops associated with Kula Kamala Foundation and Yoga Ashram and this 200YTT training. I accept full and complete responsibility for my own well-being and my decision to take part in all related activities. This includes without exception any of my own pre-existing or newly acquired injuries, or damages that may result from the mistake or negligence of the founders, the instructors, landlords, and/or other students of Kula Kamala Foundation and Yoga Ashram and kula-kamala-yoga LLC.

6. By signing below, I acknowledge that I understand yoga, meditation, relaxation, and every other activity I may take part in while studying with Kula Kamala Foundation includes physical movements as well as an opportunity for relaxation, stress re- education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling or causing death, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. I accept full responsibility for my decision to practice Yoga and any other activity offered or presented by Kula Kamala Foundation.
8. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing below, I affirm that I alone am responsible to decide whether to practice yoga.
9. By signing below, I hereby agree to irrevocably, completely and entirely release and waive any and all claims that I have now, have had in the past, or may have hereafter at any point in time with regard to any circumstance whatsoever against Kula Kamala Foundation, Kula Kamala Ashram, kula-kamala-yoga and its founders, directors, officers, administrators, employees, teachers, whether full or part time or visiting, faculty, staff, personnel, and volunteers.
10. By signing below, I also release and waive completely and irrevocably any and all claims that may arise in connection with sleeping, eating/drinking, practicing, studying, or abiding at the ashram during retreat weekends, meals, classes, volunteerism, training programs, and at any time, and for any reason whatsoever.
11. I understand that by signing this waiver I am agreeing that I will not name Kula Kamala Foundation, Kula Kamala Ashram, kula-kamala-yoga, its founders, directors, officers, administrators, employees, teachers, whether full or part time or visiting, faculty, staff, personnel, and volunteers in any lawsuit or claim related to any circumstance concerning my participation or experiences at the ashram or with any service or interaction offered by them anywhere, at any time, at any location.
12. I understand this waiver applies to any and all programs, trainings, classes, workshops, or other experiences, visits to the ashram, and any events attended elsewhere that are offered by Kula Kamala Foundation, which occur now, in the past or in the future.

Date: _____ Signature: _____

Printed Name: _____

I have received, read and understand the following REFUND POLICY:

REFUND POLICY

1. The school will refund the student's tuition if the applicant is not accepted into the program.
2. The school will refund a student's tuition prior to fourteen days before the start date of their originally registered program, less a \$250 administrative fee.
3. There are **NO REFUNDS** for any tuition paid if the student withdraws during the fourteen days prior to the start date of their originally registered course, or at any time once that course has begun. There are no refunds for rescheduled courses.
4. A \$250 transfer fee will be charged for any transfer into an alternate Kula Kamala Foundation program.
5. In cases of medical emergency, when presented with an original signature doctor note on the doctor's letterhead, a credit might be applied to the student's account to be used toward a future semester. The student is responsible to notify the program director of any medical emergencies or issues within 24 hours of their happening or they will forfeit any possible credit. Applying a credit to a student's account may carry an administrative fee, not to exceed \$250.
6. A student may be removed from the program or the roster of a particular course without any refund whatsoever for the following reasons. There may be additional reasons for removal from the program not listed here:
 - student does not fulfill their tuition payment plan in the agreed upon manner
 - student misses more than 1% of their program
 - student refuses to complete required class/homework
 - student commits plagiarism as defined in student manual
 - student commits an act of academic dishonesty as defined in student manual
 - student commits an act of violence, bullying, or intrusion against another student, against a faculty member, or against school property
 - student attends classes while under the influence of alcohol or illegal drugs
 - student is habitually absent, late or disruptive in class

- student commits or makes statements that are obscene or bullying
- student is habitually intolerant and critical of the views and practices of other students or teachers.

Printed name of student: _____

Signature of student: _____ Date: _____