

# STUDENT ENROLLMENT AGREEMENT

## Sumits Hot Yoga Teacher Training

4050 West Ray Road, Suite 23  
Chandler, AZ 85226  
480.768.1000 P

### STUDENT INFORMATION

**Student Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **Permanent Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Work Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

### EMERGENCY CONTACT

**Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Relationship** \_\_\_\_\_

### PROGRAM INFORMATION

**Program** Sumits Hot Yoga Teacher Training **Start Date** \_\_\_\_\_

**Program Length** 200 Clock Hours  9 Weekend Training  
 4 Week Day Training

### How did you learn about the Sumits Hot Yoga Teacher Training Program?

*Please check all that apply.*

- I practice at Sumits Yoga
- Internet Search
- Yoga teacher recommendation Name \_\_\_\_\_
- Advertisement Source \_\_\_\_\_
- A friend told me about it



**STUDENT QUESTIONNAIRE**

**Student Name** \_\_\_\_\_

**PART ONE – ABOUT YOU**

1. How many years have you been practicing yoga? \_\_\_\_\_

2. How many days per week do you practice yoga? \_\_\_\_\_

3. At which yoga studios do you currently practice? \_\_\_\_\_

4. What styles of yoga do you practice or have you explored?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Who have been your primary yoga teachers?  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you currently teaching yoga?  Yes  No  
If yes, for how many years have you been teaching? \_\_\_\_\_  
Where do you teach? \_\_\_\_\_  
What style do you teach? \_\_\_\_\_

7. Why are you interested in the Sumits Hot Yoga Teacher Training Program and why do you want to teach?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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9. Lastly, is there anything else that you would like to share about this journey, about your motivation, your expectations or your experience?

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## PART TWO – MEDICAL HISTORY

1. How would you evaluate your current health?

- Excellent       Good       Fair

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

- Epilepsy       Diabetes       None

3.  Yes  
 Are you pregnant or do you plant to become pregnant during the course of training?  No
4. Are you currently or during the last two years have you been under the care of a physician or mental health care professional?  Yes  
*If yes, please explain*  No

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5. Please list medications you are currently taking:

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6.  Yes  
 Do you have any pre-existing injuries that may affect your ability to participate in this course?  No

7. Please list any other medical issues that could affect your yoga practice:

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### TUITION

Full tuition is due prior to the beginning class. Students may pay for tuition and fees with cash, cashier's check, debit card or credit card. All financial obligations to the school must be satisfied in order to receive their certificate of completion.

**The total cost for the Sumits Hot Yoga Teacher Training Program:**

**Tuition** \$ \_\_\_\_\_

**Administration/Registration Fee** \$ \_\_\_\_\_

**Books/Supplies** \$ \_\_\_\_\_

**Total Program Costs** \$ \_\_\_\_\_

### NOTE

A deposit of \$500.00 (\$300.00 to be applied to Tuition and \$200.00 for the non-refundable registration fee) must accompany the enrollment agreement to secure a space in the program.

Sumits Hot Yoga Teacher Training does not provide any institutional payment plans, loans or grants and does not assist with living expenses.

## PAYMENT OF TUITION

Sumits Hot Yoga Teacher Training does not provide any institutional payment plans, loans or grants and does not assist with living expenses. Full tuition is due prior to the beginning class. Students may pay for tuition and fees with cash, cashier's check, debit card or credit card. All financial obligations to the school must be satisfied in order to receive their certificate of completion.

## CANCELLATION AND REFUND POLICY

**Rejection:** An applicant denied admission is entitled to a refund of all monies paid.

**Three-Day Cancellation:** An applicant who provides written notice of cancellation within three days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

**Other Cancellations:** An applicant requesting cancellation more than three days after signing an enrollment agreement and making an initial payment, but prior to entering the school, is entitled to a refund of all monies paid **minus a registration fee of \$200.00.**

## REFUND AFTER THE COMMENCEMENT OF CLASSES:

### 1. Procedure for withdrawal/withdrawal date:

- A. A student choosing to withdraw from the school after the commencement of classes is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
- B. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
- C. A student will be determined to be withdrawn from the institution if the student has not attended any class for 30 consecutive class days.
- D. All refunds will be issued within 30 days of the determination of the withdrawal date.

### 2. Tuition charges/refunds:

- A. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition **(less the \$200.00 registration fee).**
- B. After the commencement of classes, the tuition refund **minus the registration fee of \$200.00** shall be determined as follows:

<b>% of the Clock Hours Attempted:</b>	<b>Tuition Refund Amount:</b>
10% or less	90% refund
More than 10% and less than or equal to 20%	80% refund
More than 20% and less than or equal to 30%	70% refund
More than 30% and less than or equal to 40%	60% refund
More than 40% and less than or equal to 50%	50% refund
More than 50%	No Refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the program.

**3. Books, supplies and fees:** There is no refund for equipment, books and supplies received by the student.

**4. Special Cases:** In case of prolonged illness or accident, death in the family, or other circumstances that make it impractical for the student to complete the program, the school may make a settlement which is reasonable and fair.

**Refunds** will be issued within 30 days of the date of student notification, or date of school determination (withdrawn due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA and did not return.

**Holder in Due Course Statement:** Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 05-14-1976).

#### **THE STUDENT UNDERSTANDS:**

1. The School does not accept credit for previous education, training, work experience (experimental learning) or CLEP.
2. The School does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The School reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The School will not be responsible for any statement of policy or procedure that does not appear in the School catalog.
5. The School reserves the right to discontinue any students' training for unsatisfactory progress, nonpayment of tuition or failure to abide by School rules.
6. Information concerning other Schools that may accept the School's credits toward their programs can be obtained by contacting the office of the Executive Director. It should not be assumed that any programs described in the School catalog could be transferred to another institution. The School does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution.
7. This document does not constitute a binding agreement until accepted in writing by all parties.

STUDENT INITIALS	STUDENT ACKNOWLEDGES
	I hereby acknowledge receipt of the School's catalog dated _____, which contains information describing programs offered and equipment or supplies provided. The School's catalog is included as a part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.
	Also, I have carefully read and received an exact copy of this enrollment agreement.
	I understand that the School may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I disrupt the normal activities of the School while enrolled in the School. I understand that I must maintain Satisfactory Academic Progress as described in the School catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.
	I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.

**CONTRACT ACCEPTANCE:**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Sumits Hot Yoga Teacher Training.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

\_\_\_\_\_  
**Signature of Student**

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

\_\_\_\_\_  
**Signature of School Official**

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

**Representative's Certification**

I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_  
**By**

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