

Welcome to the Yoga Ed. Instructor Training in Miami Florida

with Jill Rapperport, ERYT, Yoga Ed Trainer

At the Instructor Training you will learn to embody the Yoga Ed. philosophy and curriculum, be empowered by it, and excel at teaching Yoga Ed. in your community to both children and classroom teachers. Upon completion, you will be a part of the growing Yoga Ed. community with access to support and resources. We are excited that you share our mission to bring the benefits of yoga to children, teachers and families through schools. We look forward to getting to know you!

This Transformational Training Qualifies You to Teach:

Yoga Ed. Curriculum in schools as PE

- o Teaches Fitness, Health and Life Skills through Yoga
- o Includes Lesson Plans, Teacher's Guide and Game Book
- o Nationally Recognized / Meets Physical Education Standards
- o Addresses Multiple Intelligences / Three Developmental Levels

Yoga Ed. Tools for Teachers to classroom teachers

- o Simple Yoga Techniques Designed for the Classroom
- o Teacher Endorsed as Proven Effective Class Management
- o Enhances Health, Concentration, Relaxation, and Learning

Curriculum materials included:

- o Yoga Ed. 36-week Curriculum / Teacher's Guide and Resources
- o Yoga Ed. Tools for Teachers Training Handbook and Manual

Location:

Soaring Eagle Yoga
7495 SW 55 Ave
Miami FL 33143

HOUSING Options within walking distance of studio |

Holiday Inn Coral Gables University

1350 South Dixie Highway _Coral Gables , Florida 33146 _

Hotel Front Desk: 1-305-667- 5611 Hotel Fax: 1-305-669-3153

Miami Best Hotel (budget) www.thebestmiamihotel.com

5959 Southwest 71st Street South Miami, FL 33143

(305) 667-6664

Schedule:

High School Training

Wednesday through Saturday:

10 am - 6:00 pm

12:45 - 1:30 pm lunch

Training ends by 2pm Sunday

K-8 Training

Monday through Saturday:

10 am - 6:00 pm

1 - 1:45 pm lunch

Training ends by 2pm Saturday

Yoga Ed Preschool Training

Friday –Saturday : 10am-6pm

Sunday : 9am -12pm

Bring a lunch, water bottle

notebook and your yoga mat.

Drinks and snacks provided.

For more registration information contact:

Jill Rapperport

305-662-9642 (YOGA)

jill@soaringeagleyoga.com

Yoga Ed Training Registration Form

Training: (please check one or both)

K-8 Training with Tools for Teachers:

Registration Fee: \$1100.00

(If Registering one month before training, \$950.00)

High School Training with Tools for Teachers:

Registration Fee \$850.00

(Early Registration one month before training, \$750.00)

Pre School Training with Tools for Teachers

Registration Fee \$650.00

Early Registration \$595.00

Today's date: _____

(*required fields)

*To take either the K-8 or High School Instructor Training, you need to have completed a yoga teacher training or equivalent. Please tell us where you did your yoga teacher training or how you feel you may qualify for having the equivalent.

*Are you a Certified Yoga instructor **yes** **no**

*Do you teach yoga to children **yes** **no** *If so, where? _____

*First name _____ Last name _____

Date of Birth ____/____/____ *Sex **F** **M**

*ADDRESS: Street Address _____

City _____ State _____

Zip _____ Country _____

*If different, please write your MAILING Address here:

*Phone _____ *Email _____

*Occupation: _____

Classroom Teacher P.E. Teacher Administrator

Counselor Parent Other _____

*School/organization _____

If you are a teacher, what grades do you teach?

K K-5 K-8 K-12

6-8 6-12 9-12

How long have you been teaching?

1-5 years 5-10 years 10-15 years 15+ years

Is there currently a yoga class at your school?
__Yes: as PE __Yes, after school __No

How did you hear about this training? _____

Tell us what brings you to this training? _____

PAYMENT: Checks, Pay Pal or Credit Card accepted

Please TOTAL your amount: Training fee _____

You may include your CHECK with this registration.
Make check payable to: Soaring Eagle Yoga.
Indicate in the memo which training this refers to.
PayPal link on the website at www.SoaringEagleYoga.com

CREDIT CARD Info
Card type (Visa, Discover or MasterCard) _____
Number _____ Exp.Date _____
Name on card _____
Billing Address and Zip _____

Please mail this form with payment to:
Jill Rapperport
Soaring Eagle Yoga
7495 SW 55 Ave,
Miami FL 33143

MEDICAL DISCLAIMER

Our programs are educational experiences and are not to be mistaken for long-term therapy or cure. Some people may find some programs to be too psychologically or physically challenging. We recommend that you consult a physician or trusted counselor if you have any doubt.

CANCELLATION POLICY

Full refunds are available less a \$50 processing fee up to fourteen days before the training date. After this time, if you do not show up or if you leave early for any reason no refund will be given. We strive to program the highest quality training; no refund will be given if you attend a program and are dissatisfied with its presentation or content.

Yoga Ed., Soaring Eagle Yoga and Yoga AT Schools reserves the right to cancel any program at any time.

I Agree _____
Signature