

Teacher Training Registration Form

Requirements

There are no prerequisites to attend this course, however a dedicated Yoga practice is strongly advised. This programme will require you to commit yourself 100% and will therefore require a certain amount of personal sacrifice, however, as a result, you will develop a greater understanding of the physical and mental practice. There is a stringent application process to ensure this program is a fit for you. Upon completion of this application form, we will communicate the next steps

Certification

In order to receive your certificate of completion, we require you to attend ALL training hours as scheduled. If you miss a session a plan must be made with your teachers for you to make up the lost contact hours and to demonstrate an understanding of the material covered while you were absent.

Please answer all questions as clearly and as detailed as possible and return the form to

① First Name: _____

① Last Name: _____

① Age: _____

① Email Address: _____

① Phone Number: _____

① Postal Address

① Home Address (if different from postal address):

① Current Occupation: _____

PM How long have you been practicing Yoga?

PM How did you hear about us?

PM What style of Yoga have you been most consistent with?

PM How many times a week do you practice Yoga?

PM At what studios do you currently practice?

PM Who have been your primary teachers, past and present?

PM Do you have a self-practice? (If so, please give a general description)

PM Do you have a meditation &/or a pranayama practice?

PM If you are a certified Yoga teacher, please include how long you have been teaching, which teacher you were trained under and describe your style of teaching

PM Do you have any other training or certification that parallels with the studies of Yoga? (Such as, Pilates, reiki, homeopathy, Ayurveda, philosophies, etc.). If yes, please describe.

PM Please explain why you would like to participate in this training

PM What would you like to achieve from the training?

PM Please describe any current limitations or significant injuries that could affect your participation

PM How do you rate your overall health right now?

- Excellent
- Good
- Fair
- Some challenges (describe briefly)

PM Please list any medical conditions (especially those that may affect your participation in the training?)

PM Have you had any surgeries in the last couple years? (if yes, explain)

PM Are you on any medications (that might affect your participation) or we should know about?

PM Is there anything else we should know about your medical or mental history?

Date

Signature

ALL INFORMATION IS STRICTLY CONFIDENTIAL