

**Application Form**

**Breath Centered Yoga**

**Teacher Training**

**Program**

**Applicant Information:**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth (Month/Day/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Yoga Experience and Interest in Teaching Yoga:**

**How long have you practiced yoga? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you regularly practice with a teacher? If so, with whom and in what tradition/style?**

**Do you regularly practice on your own at home? If so, do you use videos, books or other resources? Do you make up your own practices?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How frequently do you practice yoga? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your practice primarily yoga poses/asanas? Do you do any other yoga practices, such as breathing/pranayama, chanting, meditation? If you do practices besides asana, how is your practice divided (i.e. 80% asana, 20% pranayama & meditation)? Describe your typical practice below:**

**Why do you want to take a yoga teacher training at this time? To teach? For personal enrichment? To learn about yoga from the ground up? To learn about practices that may benefit you or family members? To study yoga philosophy? Please describe your interests below:**

**Health Questionnaire:**

**Please check below if you have any of the following health conditions and circle or write in the specific condition, as it applies:**

**\_\_\_ High or Low Blood Pressure/Hypertension or Hypotension**

**\_\_\_ Osteoporosis or Osteopenia**

**\_\_\_ Glaucoma**

**\_\_\_ Acid Reflux/Hiatal Hernia**

**\_\_\_ Pregnancy**

**\_\_\_ Arthritis/Joint Damage/Joint Pain in the extremities (hands, elbows, shoulders, knees, ankles, feet)**

**\_\_\_ Recent (past 6 months) strains, sprains, or bone breaks**

**\_\_\_ Neck or back pain/bulging disks/herniated disks**

**\_\_\_ Neurological problem that limits movement or balance (peripheral neuropathy, sciatica, inner ear infection, etc.)**

**\_\_\_ Asthma or other breathing problem**

**\_\_\_ Anxiety, depression, seasonal affective disorder, insomnia, or other mental/emotional condition**

**\_\_\_ Any other condition not mentioned above that might limit yoga practice or your ability to participate in the teacher training (please list)**

**Are you under a physician’s care for the conditions checked above? If so, have you been cleared for physical activity? If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verification of Health Information**

**By my signature below, I verify that I have disclosed any conditions that may affect my ability to participate in yoga practice during this teacher training. I understand that these conditions do not preclude me from participating but that modifications to some practices might be necessary to accommodate my learning. I agree to participate with modifications to practices where advised by the instructor to do so and to observe others practicing when a practice may not be appropriate for my participation. I understand that such changes to the learning process are in the best interest of the entire class. I also understand that this yoga teacher training is not meant to replace appropriate care from a qualified health professional for physical or emotional conditions. I further understand and agree that any undisclosed conditions that interfere with the learning of others may result in dismissal from the training with no refund of tuition.**

**Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Agreement to Participate and Waiver of Liability**

**I understand that the practice of yoga involves physical, mental, spiritual, and energetic practices meant to improve the overall health and well-being of participants and can lead to spiritual growth over time. However, as with any such activity, there are potential risks in participation.**

**I agree to follow instruction, stay within my own physical and mental limits, and ask questions when instruction is unclear to me. If I feel I am unable to participate, I understand that I always have the option of asking for a modified practice or to simply observe others in class rather than participating first-hand.**

**I understand that I will be asked to continue my practice on my own at home and that the instructor cannot be held responsible for any misadventure in that home practice.**

**I further agree to hold the instructor and teaching venue harmless for any injury that may result from participation in this training program or interaction with other participants.**

**Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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