

200 Hour Yoga Teacher Training Application

Name: _____

Address: _____

City, State, Zip: _____

Phone Home/Cell: _____

Email: _____

Date of Birth: _____ Age: _____

Occupation: _____

*We would like to learn more about you and your interest in this teacher training program.
Please answer the following questions on separate pages of paper.*

Describe in an essay format, your past and current Yoga practice. Please include the following information: how long you have practiced Yoga, names of teachers, dates of practice and if you currently have a home practice.

Please share with us how your practice of Yoga has impacted your life, and then what your intention is for participating in this program.

The directors of this program aim to hold the highest regard for each participant's process for growth and learning. We would like for you to write about your personal commitment to the program, your capacity for growth and your willingness to learn.

Personal Health History

The following information will help YogaSource faculty to better understand and serve you.

*Intensive study can be physically and psychologically challenging.
To support students on those rare occasions when difficulties do arise,
having information regarding the following questions
will help teachers to respond more effectively.*

*We encourage your candor in responding.
Your answers and personal information will be kept strictly confidential.*

*If you would like to discuss any particular question
with a teacher rather than write your response,
please indicate that and it will be discussed during your evaluation.*

Please use additional paper as needed.

___ Yes ___ No Are you currently under medical treatment for any physical or psychological condition? If yes, please describe below:

___ Yes ___ No Do you have any long-term medical conditions?

___ Yes ___ No Do you have any chronic pain, injuries, physical limitations or disabilities?

___ Yes ___ No Have you had a serious illness or major surgery in the last five years?
If yes, please describe below:

___ Yes ___ No Do you have hearing difficulties or vision impairment?

___ Yes ___ No Have you ever been treated or hospitalized for a psychiatric condition?

___ Yes ___ No Are you currently in recovery for a drug or alcohol addiction?

___ Yes ___ No Are you currently in recovery for an eating disorder?

___ Yes ___ No For women: Are you currently pregnant or trying to become pregnant?

Please check if any of the following conditions apply to you:

- ☐ Cardiovascular Disease or Heart Attack
- ☐ Family History of Stroke
- ☐ Recent/Current Communicable Disease
- ☐ Glaucoma or Retinal Detachment
- ☐ HIV
- ☐ Asthma
- ☐ Headaches
- ☐ High Blood Pressure
- ☐ Aneurism
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Osteoporosis
- ☐ Arthritis
- ☐ Auto-Immune Disorder

Are there any other conditions or additional information that you feel would impact your practice and that you wish to convey to the faculty?

Emergency Contact - In case of an emergency, please contact:

Name: _____

Phone: _____

My relationship to the person above: _____

Physician's Name: _____ Phone: _____

Therapist's Name: _____ Phone: _____

*Thank you for submitting your application to YogaSource.
Our directors will review your application and contact you shortly after it is received.
An individual interview and evaluation will be scheduled thereafter to personally meet you,
answer any further questions you may have and make sure this program is appropriate for your needs.*

Applicant Agreement

By submitting this application, I hereby confirm that I have read and understand the above information. I have answered all of the questions to my full knowledge with complete honesty and have not withheld any information. My overall health, other than what I have listed above, is good and nothing indicates that I am not able to participate in this program.

Full Name (Printed): _____

Signature: _____ Date: _____