Application for Principles of Yoga

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for: Immersion (9 month)\_\_\_\_ or Module I\_\_\_\_ Module II\_\_\_ Module III\_\_\_

Describe your yoga background including when you were introduced to the practice, most influential teacher, and any certifications, workshops, etc.

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Provide information on your health history:

Are you currently under the care of a physician or mental health care professional? If so, for what?

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Have you had any serious illness/injury in the last ten years? If so , describe.

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List any medications you are currently prescribed.

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Describe any other challenges that you may face in the course of completing this training.

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What is your understanding of the practice of yoga? What is your current focus of study? What expectations do you have of this teacher training?

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Use additional space if needed.