

APPLICATION

Personal Information



Full Name: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Gender: _____ Date of Birth: _____ Age (must be 21 years of age): _____

Emergency contact: _____ Phone: _____ Relationship to you: _____

Medical History

Do you suffer from any physical conditions, injuries or illness? _____

List any medical conditions you have and all medications. Prescription and non-prescription that you take: _____

Yoga History

How long have you been practicing and where? _____

What style(s) of asana do you practice? _____

How many times per week? _____

Do you meditate? _____ How often? _____ Do you include pranayama? _____

Are you presently teaching? _____ Are you a 200-Hour certified teacher? _____ If YES, in what style? _____

How long and where? _____

Why do you practice yoga? _____

What do you hope to get out of this program? _____

Anything else you would like us to know about you? _____
