

Yoga Okoboji Yoga Study Application

**Class applying for:** Weekend Intensive: \_\_\_\_\_

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

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

*Emergency contact information*

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

**Phone:** \_\_\_\_\_

**Current yoga practice (taking classes, home practice, videos):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long have you been studying and practicing yoga? (Please mention any teachers or workshops)** \_\_\_\_\_

\_\_\_\_\_

**Please share your motivation for wanting to teach yoga:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What training or experience in your background might you draw on as a yoga teacher (university or medical degree, massage background, teaching experience, fitness or dance instructor, etc.?)** \_\_\_\_\_

\_\_\_\_\_

**Check the area of most interest to you in this training:**

- |                                                 |                                     |
|-------------------------------------------------|-------------------------------------|
| _____ Learning asanas (alignment, etc.)         | _____ Anatomy/physiology            |
| _____ Meditation techniques                     | _____ Yoga history, philosophy      |
| _____ Pranayama (breath work)                   | _____ Learning to work with a group |
| _____ Business (liability insurance, marketing) | _____ Increase general knowledge    |

*I understand that participation in this activity is completely voluntary. I hereby waive and release Yoga Okoboji, its employees and instructors of any liability in case of an accident. I know as part of Yoga Okoboji yoga study I may be photographed. I give my consent to use these photos for Yoga Okoboji promotional purposes.*

***I have filled out and signed the health history form.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# health history form

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

Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Are you taking any medications or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what?

\_\_\_\_\_

\_\_\_\_\_

Does your physician know you are participating in this teacher training? Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe your current physical yoga practice (e.g. inversions, headstands, back bend):

\_\_\_\_\_

\_\_\_\_\_

## Do you now, or have you had in the past: YES NO

1. History of heart problems, chest pain or stroke. \_\_\_\_\_
2. Increased blood pressure. \_\_\_\_\_
3. Any chronic illness or condition. \_\_\_\_\_
4. Difficulty with physical exercise. \_\_\_\_\_
5. Advice from physician not to exercise. \_\_\_\_\_
6. Recent surgery (last 12 months). \_\_\_\_\_
7. Pregnancy (now or within last 3 months). \_\_\_\_\_
8. History of breathing or lung problems. \_\_\_\_\_
9. Muscle, joint, or back disorder. \_\_\_\_\_
10. Diabetes or thyroid condition. \_\_\_\_\_
11. Cigarette smoking habit. \_\_\_\_\_
12. Obesity (more than 20 percent over ideal body weight). \_\_\_\_\_
13. Increased blood cholesterol. \_\_\_\_\_
14. History of heart problems in immediate family. \_\_\_\_\_
15. Hernia, or a condition that might be aggravated by weights. \_\_\_\_\_

If you responded yes to any of the above questions, please list the number of the question and explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_