

yoga study application



Name: _____ Birth Date _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Learning asanas (alignment, etc.) | <input type="checkbox"/> Anatomy/physiology |
| <input type="checkbox"/> Meditation techniques | <input type="checkbox"/> Yoga history, philosophy |
| <input type="checkbox"/> Pranayama (breath work) | <input type="checkbox"/> Learning to work with a group |
| <input type="checkbox"/> Business (liability insurance, marketing) | <input type="checkbox"/> 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.

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: _____