



SOL YOGA STUDIO: YTT Application

We're so grateful you are taking the next step to share your passion for power yoga! This application is the first step in being admitted to this program. Please do your best to provide complete and accurate information, all of which will be kept private and confidential. A deposit of \$300 is due upon receipt of this application and will be applied to your tuition if accepted. Please note that both deposit & tuition are non-refundable or transferable. For complete information on our teacher training, please go to our website www.solyogastudio.com or email angela@solyogastudio.com.

PART ONE: Personal Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

Website: _____

Emergency Contact Name: _____

Relationship: _____ Phone number: _____

PART TWO: Health Information

Please describe any physical or mental health conditions that might affect your participation in this program. List any medication you are presently taking. List any surgeries you have undergone in the past ten years. List any chronic pain, joint strain, muscle strain or other physical issues that you presently have or ever feel in the course of a normal day or in practicing yoga. Indicate if you are pregnant or recently gave birth (within the past 18 months). Please attach additional sheets of paper as necessary to provide accurate and complete information as requested here. Please feel free to add any other health-related information you wish to bring to our attention. All of your personal health and medical information will be kept strictly confidential. Do you or have you ever had any of the following? If so, describe (and add details below).

CONDITION DESCRIPTION

Arthritis Yes/No: _____

Back Trouble Yes/No: _____

Epilepsy Yes/No: _____

Eye problems Yes/No: _____

Diabetes Yes/No: _____

Hearing problems Yes/No: _____

Heart Trouble Yes/No: _____

Hernia Yes/No: _____
High or low blood pressure Yes/No: _____
Migraine headaches Yes/No: _____
Joint sprains Yes/No: _____
Joint dislocations Yes/No: _____
Respiratory Yes/No: _____
Spine Conditions Yes/No: _____

Other Health Conditions (please describe) Yes/No: _____

PART THREE: Yoga Experience

Q: How long have you been practicing yoga? And what styles have you practiced?

A:

Q: How often do you practice?

A:

Q: What teachers have most influenced you?

A:

Q: Any previous teacher trainings? If so, which ones?

A:

Q: Do you currently teach? If so, where?

A:

Q: What motivated your yoga journey?

A:

Q: Why do you practice now?

A:

Q: What are your goals?

A:

Q: What are your interests outside yoga?

A:

Q: What qualities (education/work/life) will you bring to this program?

A:

PART FOUR: References

Name:

Relationship:

Phone number:

E-mail:

Name:

Relationship:

Phone number:

E-mail:

Name:

Relationship:

Phone number:

E-mail:

PART FIVE: Declaration

I have read and understand this entire application and the terms and conditions. The facts set forth in this application are, to the best of my knowledge, true and complete.

Signature: _____ Date: _____

Please email your completed application and any questions to angela@solyogastudio.com