

INNERLIGHT CENTER FOR YOGA
VINYASA 200 HOUR TEACHER
TRAINING
APPLICATION

Please
attach
recent photo

Please print clearly or type

Name

Preferred name

Address

Phone(s)

Email

Website

In case of emergency, please contact:

Name:

Phone:

Physician:

Phone:

Other practitioner:

Phone:

Birth date

Current occupation

Are there any physical or psychological condition(s) we should be aware of?

How are you handling these conditions, in your life and in your yoga?

What does yoga mean to you? Has yoga changed your life in any way?

What is your intention in participating in this teacher training? Why?

What skills and qualities do you bring to this program?

Do you have any concerns about possible obstacles to the commitment needed for this training?

How long have you practiced yoga?

Describe your personal practice of yoga and how regularly you practice

What style(s) of yoga have you practiced?

What style do you practice now?

Are you currently teaching yoga?

Number of classes per week

What tradition/style?

How long have you been teaching?

Where do you teach?

How long have you practiced meditation?

Describe your personal practice of meditation and how regularly you practice

What style(s) of meditation have you practiced?

What style do you practice now?

Are you currently teaching meditation?

Number of classes per week

What tradition/style?

How long have you been teaching?

Where do you teach?

Have you taken any yoga workshops or programs?

If so, please list below

Title	Director	Location	Date	# of hours
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Have you taken any meditation workshops or programs?

If so, please list below

Title	Director	Location	Date	# of hours
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Have you taken any other yoga related or healing modality workshops or programs?

If so, please list below

Title	Director	Location	Date	# of hours
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How did you hear about this teacher training program?

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is unethical and constitutes grounds for revocation of certification.

I am aware that any exercise program involves a risk of injury. I have consulted with my physician and other relevant practitioners and have no known health conditions that could be adversely affected by my practice of yoga. I voluntarily assume risk of injury and release Innerlight Associates, Inc., Yoga At Your Place SM and the directors and assistants of the teacher training from any and all liability.

Signature:

Date: