Name_____

Address_____

City_____State_____Zip_____

Phone cell_____home_____Work_____

E-mail Address_____

Are You over 21? Yes No

Please tell us about yourself in a few sentences?_____

_____

_____

_____

Why yoga teacher training?_____

_____

_____

Why is this the right time in your life to take yoga teacher training?_____

_____

_____

Medical Information

Rx medications and what it is for - _____

_____

_____

Are you pregnant? Yes No

Do you plan to become pregnant during the course of training? Yes No

Do you currently follow any exercise program? Yes No

If yes, please share:_____

_____

How would you evaluate your current health?

□ Excellent □ Good □ Fair

Please share any Back or neck concerns?_____

Please share any Hip or Knee problems?_____

Please share any Surgery within Last year?_____

Please describe in detail any other injuries or physical, mental or emotional limitations that may affect your participation._____

_____

_____

Interest and Experience in Yoga

How long have you been practicing yoga?_____

How often do you practice yoga? (Circle one) Daily 3-5x week 1-2x week sporadic

What is your current interest & experience in Yoga?_____

_____

_____

What styles of yoga have you been taught or trained in?_____

_____

_____

With your Yoga Teacher Training, do you plan to…

□ teach yoga?

□ improve your personal Yoga practice / self improvement?

□ other – please describe _____

Do you have any experience teaching yoga? Yes No

If yes, please share your teaching experience:_____

_____

_____

Any Additional Comments_____

_____

How did you hear about us?_____

Please scan and email to info@ThePostureProject.com. Once your application is received, we will contact you for an interview. If accepted, a $350 deposit will reserve your spot into the program.