



Yogi Training Application

Personal Information

Today's Date: _____

Name: _____

Email: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Phone: _____

Emergency Contact Relationship: _____

Medical History

Please complete the medical history below so that we can be sure to respond to any emergencies should they arise during your training.

How is your current health? _____

Please list any medical conditions that you have so we can customize the program more fully for you:

About You

To make the training more enjoyable for you it is important that we have a general picture of your yoga practice and history. Our program does not require any training.

How long have you been practicing yoga?

What's the frequency of your practice?

How would you describe your practice?

Do you have a home practice? Please describe.

Do you practice any non-physical Yoga/Meditation? Please describe.

Is this your first yoga teacher training? If no, where else have you trained?

What areas of yoga challenge you the most? Describe.

Because Authentic Yoga is a system designed for big things, it works best if you ask something big from it. What are you willing to ask for?

How did you hear about this program? _____