



# Heart Space YOGA & Movement Center

## Teacher Training Registration Form

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Please list any injuries or limitation that you have that may affect your yoga practice? {i.e. back pain, arthritis, high blood pressure, etc.}

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How did you hear about us?

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I acknowledge that there are inherent risks involved in the classes offered at Heart Space Yoga and Movement Center. I take full responsibility for my own safety while participating in classes and agree not to hold Heart Space Yoga and Movement Center or any of its teachers responsible for any injury or mishap that may occur while participating in programs at the center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Please use additional paper to answer the following questions thoroughly:

How long have you been practicing yoga? \_\_\_\_\_

How often and where do you practice now? \_\_\_\_\_

What styles of yoga have you studied? Where? With whom? For how long? \_\_\_\_\_

What benefits have you experienced in practicing yoga? \_\_\_\_\_

What physical activities do you presently engage in? \_\_\_\_\_

Do you practice pranayama? if so, how often? \_\_\_\_\_

Do you practice meditation? if so, how often? \_\_\_\_\_

Have you taken any yoga workshops or trainings in the last 3 years? if so, please include topics and teachers. \_\_\_\_\_

Do you teach yoga now? If yes, for how long, what type of format, facility and style of yoga? \_\_\_\_\_

Do you have any other type of teaching experience? Please explain. \_\_\_\_\_

Are you interested in being certified and/ or Yoga Alliance Registered? \_\_\_\_\_

Tell us about your physical health and any limitations or special needs. \_\_\_\_\_

Tell us about your mental and emotional health, (previous therapy, eating disorders, bouts of depression, addictive behavior, etc. Please note that any difficult times you have gone through will bring you closer to students experiencing the same).

Tell us about your dietary health and any special needs. \_\_\_\_\_

What is your intention for attending this course? \_\_\_\_\_

Please send your completed application to Heart Space Yoga Center along with your deposit.