



Heart Space YOGA & Movement Center

Teacher Training
Registration Form

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.}

How did you hear about us?

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.