

Name:	Date of Birth	
Address:		
Phone:	Email:	
Emergency Contact:		

How long have you been practicing yoga?

Describe your practice: how often, what styles, etc.

How has yoga affected your life?

What do expect to learn from teacher training? How do you expect to use your teacher certificate?

Other than yoga what are your other hobbies/how do you spend your free time?

Do you have a meditation practice?

Do you have any vacations/travel plans during the teacher training period?

Do you have any active injuries or past injuries that could be aggravated during a vinyasa practice?

Do you have any allergies that we should be aware of?

Signature:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_