



# TEACHER TRAINING

## Application

### ABOUT YOURSELF

Which teacher training are you applying for?  300-Hour  200-Hour

If 300-hour, with whom did you complete 200-hour training? \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are you pregnant?  Yes  No If yes, how many months? \_\_\_\_\_

### YOUR YOGA EXPERIENCE

How long have you been practicing yoga?

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What style of yoga do you usually practice?

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How many days per week do you practice yoga?

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List all physical limitations and injuries, including any pre-existing conditions, old injuries and current problems.

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What is your current occupation?

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Have you ever completed a 200-hour Teacher Training before?  Yes  No

If yes, with whom? \_\_\_\_\_

Are you currently teaching yoga?  Yes  No \_\_\_\_\_

If yes, how many years have you been teaching? \_\_\_\_\_

Where do you teach? \_\_\_\_\_

What style do you teach? \_\_\_\_\_

Why are you interested in this particular training?

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## RESPONSIBILITY **WAIVER**

*I take full responsibility for my participation in the PYCC Teacher Training program, and I understand that I may go through a wide range of experiences as we delve into various topics throughout the program. I take full responsibility for my participation and well being and am doing so by my own free will. I hereby release Power Yoga of Cape Cod, Jill Abraham, the Staff, and my instructors from responsibility for any injuries I may receive as a result of participation in classes and/or programs presented at Power Yoga of Cape Cod. In taking part in any and all classes and/or programs at Power Yoga of Cape Cod, I agree to assume full responsibility for any risks, injuries, or damages known or unknown which might incur as a result of participating in the classes and/or programs. I certify that my level of physical condition determined by my physician and myself will allow me to safely participate in any and all classes and/or programs at this studio. I have read the above release and waiver liability and fully understand it's contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date