



TEACHER TRAINING

Application

ABOUT YOURSELF

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?

What style of yoga do you usually practice?

How many days per week do you practice yoga?

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

What is your current occupation?

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?

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 and Power Yoga Of Cape Cod Dennisport. 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