

# Rethink Yoga 200 Hour Teacher Training Enrollment Application

## CONTACT INFO

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

E-mail \_\_\_\_\_

Address \_\_\_\_\_

Phone – Day \_\_\_\_\_ Evening \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact No. \_\_\_\_\_

## BACKGROUND

Occupation \_\_\_\_\_

List and Certifications in other areas (Fitness, Nursing, Massage, etc.) \_\_\_\_\_

\_\_\_\_\_

## YOGA EXPERIENCE

I have been practicing Yoga since \_\_\_\_\_ at \_\_\_\_\_

Styles of Yoga practiced \_\_\_\_\_

I learned about this Teacher Training from \_\_\_\_\_

Have you taken any Yoga Teacher Training(s) in the past? If so, when and which one(s)?

\_\_\_\_\_

Have you taken any Yoga or Meditation workshops? If yes, which one(s) and where?

\_\_\_\_\_

Do you presently, or have you ever taught Yoga? If so, please make specific comments as to style, and years taught.

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How do you plan to use this Yoga Teacher Certification?

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**MEDICAL**

Do you have any injuries, illnesses, or take any medication? Please explain fully.

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Have you cleared your participation with a physician? \_\_\_\_\_ If not, please do so.

**AGREEMENT**

*I wish to apply as a Teacher Trainee and I agree to assume full responsibility for any injuries to me that may occur during the training. I am in good health and any conditions, ailments, and/or illnesses are clearly stated above.*

Signature \_\_\_\_\_

Date \_\_\_\_\_