

Yoga Fitness Advanced Studies/Teacher Training Application 2012-2013

Name _____ Date _____

Date of Birth _____

Mailing Address _____

City/State/Zip _____

Phone _____

Email _____

Please answer the following questions using more pages as necessary.

1. List Physical Challenges (e.g. heart problems, high or low blood pressure, diabetes, pregnancy, hip or knee replacements).

2. List treatments or medications for any of the above conditions as well as any modifications necessary for your yoga practice.

3. List your yoga teachers, past and present:

Name
Duration of Study
Phone number

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4. Describe your current yoga practice: Do you have a personal home practice? How long have you been practicing Iyengar yoga? Are you practicing inversions (headstand and shoulderstand) regularly, whether using the wall or not? Are you currently attending weekly public classes?

5. Would you be able to commit to a minimum one hour daily personal practice in addition to written homework and outside reading while in the program?

6. Are you currently teaching yoga? If so, describe your experience and what skills you would like to work on in the program.

7. What would you like to gain from the program?

8. Any questions or comments you may have.

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