



Teacher Training and Advanced Studies Application



Registered Yoga School

205 E. Water Street, Suite C

Centreville, MD 21617

410 310 6803

www.everybodyyoga.biz info@everybodyyoga.biz

Application for Enrollment Registered Yoga Teacher Training/Yoga Advanced Studies Program

Personal information

Full name _____

Date of Birth _____

Gender _____

Email _____

Phones _____

Current Address _____

Emergency Contact

Name _____

Relationship _____

Address _____

Email _____

Phones _____



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Health Information

- Are there any challenges to participating in any physical activities? ___Yes ___No
- Are you currently under medical care? ___Yes ___No
- Are you currently being treated for any psychological condition? ___Yes ___No
- Are you pregnant? ___Yes ___No
- Do you have any chronic pain, physical limitations or disabilities? ___Yes ___No
- Have you had any major surgery in the last 5 years? ___Yes ___No
- Do you have a communicable disease? ___Yes ___No

If the answer to any of the above was yes, please explain.

List all prescription medications you are taking as well as reason for taking





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Background

Current Occupation? _____ How long? _____

What type(s) of yoga have you practiced? How long?

How often do you currently practice yoga? Where do you practice?

Do you have experience teaching yoga or other fitness or healing modality? How long?

Are you certified to teach yoga or another fitness or healing modality? Please list certification, school/organization, teacher and date if applicable.



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Essays

Please answer on a separate sheet.

1. Explain what yoga means to you and why this teacher training program is important to you.
2. What are your expectations from this program? What do you hope to gain from it?
3. Is there any other information you think we should know or that you would like to share regarding your application?

Would you be available for a weekday training class if offered? If so, what day or evening hours?

I have read, meet and accept the teacher training admission requirements for the Every Body Yoga Teacher Training Program.

I declare all information in this application to be true and complete. I understand that providing false information is grounds for rejection of this application, expulsion from the program or revocation of certification.

I understand that a letter of recommendation may be required to be admitted into the program.

Signature and Date

How did you hear of this teacher training: Check all that apply.

Studio Facebook email from Every Body Yoga Website Friend

Other Studio (Please name _____)

Other publication (Please name _____)



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Thank you for your interested in our teacher training program and advanced studies program. In an effort to ensure that participants are well prepared for the rigors of our program, we require each applicant to submit a completed application form. Please complete the application form honestly and in its entirety. If needed, you may attach additional pages with your responses to the essay questions. Providing inaccurate or incomplete information may result in non-acceptance or removal from the program.

Please submit your completed application, along with a \$250 non-refundable application fee payable to Every Body Yoga. Upon acceptance into the program, your \$250 application fee will be applied against your tuition. In the event of cancellation of the program by Every Body Yoga for insufficient enrollment, the application fee will be refunded.

Every Body Yoga
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Please refer to schedule page for submission dates.

email:

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phone:

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