



Teacher Training and Advanced Studies Application



Registered Yoga School

205 E. Water Street, Suite C  
Centreville, MD 21617  
410 310 6803

[www.everybodyyoga.biz](http://www.everybodyyoga.biz) [info@everybodyyoga.biz](mailto: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.

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

Background

Current Occupation? \_\_\_\_\_ How long? \_\_\_\_\_

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

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

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

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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?

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.

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Signature and Date



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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 \_\_\_\_\_)

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  
205 E. Water Street, Suite C  
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**Please refer to schedule page for submission dates.**

email: [info@everybodyyoga.biz](mailto:info@everybodyyoga.biz)

phone:

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