



Teacher Training Course (200-hours) Application

Name _____

Birth Date _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email _____

Emergency Contact _____

Relationship _____

Home Phone _____ Other Phone _____

Email _____

Why are you taking this Teacher Training course? What is it specifically about Yoga XTC that interests you?

How long have you been practicing yoga?

Whom do you consider to be your principal yoga teacher(s)?

Why?

Please give a detailed overview of your background in yoga; listing books you have read, classes, workshops, trainings, intensives and / or retreats:

What style of yoga do you practice?

Are you currently teaching yoga? Yes No

If yes, what kind? Describe the kind of class or students you teach:

If you are not currently teaching, is it a goal? Yes No

Is that why you are taking this course? Yes No

If yes, describe the students or classes you see yourself teaching:

How often do you practice? Briefly describe your personal practice:

Do you have a daily meditation practice? Yes No

If yes, what tradition / kind?

If no, are you willing to learn and commit to a daily practice? Yes No

Please explain why yes or no:

What does yoga mean to you? How has it impacted your life?

Write a list of specific goals you wish to achieve by taking the Yoga XTC Teacher Training course; include both short and long-term goals:

Do you have any recent or past injuries, disabilities or conditions that may limit your ability to participate in the Yoga XTC Teacher Training?

Yes No

If yes, please explain the injury and origin:

Are you on any medication? Yes No

If yes, please list (medication to treat anything from allergies to depression):

Are you pregnant? Yes No Due date: _____

Consent and Release

I, (print name) _____, being aware of my own health and physical condition, understand that I am participating in activities that require physical exertion which may be strenuous and may cause physical injury. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any physical exercise, and I hereby represent that I have no medical condition that would prevent my full participation that I have not disclosed to Ranjani Powers & Leon Lim. Furthermore, I hereby release Yoga XTC, Ranjani Powers & Leon Lim, their representatives, agents, employees, successors and assigns, from liability for any injury or illness I may incur, now or in the future, as a result of participating in the activities offered to me during the Yoga XTC Teacher Training program. It is also agreed that Ranjani Powers & Leon Lim are not responsible or liable for articles or possessions lost, stolen or damaged, including but not limited to my automobiles and contents there of.

I have read and agree to be bound by the above statement.

Signature _____ Date _____