



# MOVE YOUR HYDE POWER YOGA

## 200-HOUR TEACHER TRAINING APPLICATION

### Personal Information

Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Occupation \_\_\_\_\_

### Emergency Contact:

\_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

- Check here if you are currently on a monthly auto-renew and need it to be placed on hold for the duration of your unlimited yoga pass.
- Check this box if you are taking this teacher training program mainly to deepen you practice and don't plan to seek employment in the field of yoga.

### Referral

**Did someone refer you?** If so, we'd like to thank them! Please list their name below.

I was referred by: \_\_\_\_\_  
Name Relationship

### Payment Information

A \$150 non-refundable deposit/sign-up fee is due with your application. Full payment is required no later than the start of the program. Payment can be submitted by check or you may pay by credit card at the studio or online at [moveyourhyde.com](http://moveyourhyde.com).

Please select your payment method below:

- Check (enclosed)
- At the studio
- Online

## Medical History

Please complete the medical history section below. Please include additional sheets if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you into the program.

**1. How would you evaluate your current health?**

- Excellent
- Good
- Fair
- Some challenges (describe briefly below)

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**2. Please let us know if you have any injuries that may affect your ability to fully participate in the training.**

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**3. Please list any medical conditions that may affect your ability to fully participate in the training.**

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**4. Have you had any surgeries in the last year? If the answer is yes, please explain.**

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**5. Is there anything else we should know about your medical history?**

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## About You

Please answer the following questions honestly and as clear as possible. Do not fear answering no.

1. How long have you been practicing yoga? \_\_\_\_\_

2. How many days per week do you practice yoga? \_\_\_\_\_

3. What style of yoga do you usually practice? \_\_\_\_\_

4. At which yoga studios do you currently practice? \_\_\_\_\_

5. Who have been your primary teachers, past & present? \_\_\_\_\_

6. Do you have a home practice?  Yes  No

7. Do you practice meditation and/or pranayama?  Yes  No

8. Do you practice or are you open to learning inversions?  Yes  No

9. Is this your first yoga teacher training?  Yes  No

If no, please specify: \_\_\_\_\_

10. Are you currently teaching?  Yes  No

If yes, how many years & where? \_\_\_\_\_

11. What areas of yoga challenge you the most (please specify)?  
\_\_\_\_\_  
\_\_\_\_\_

12. Why do you want to take a teacher training program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What are your expectations for this training?  
What do you hope to achieve at the completion of the program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Program Participant Agreement

I understand that if I pay my application in full, fulfill all the requirements of the teacher training, including in-class hours, homework, quizzes, and pass both the written and in-class final exams, I will receive a letter of completion which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program. Paying for the program and completing the hours alone does not mean that I will pass the program.

I understand that if I miss over 40 hours I will receive a non-passing status and will be asked to leave the training. Under such circumstances, I understand I will be given the opportunity to retake the program at a discounted rate, subject to availability.

I understand it is important that I arrive on time and to each session. I will contact an instructor if I am going to be late or miss a session.

I understand that if I cancel 14 days prior to the start of the training, my deposit/sign-up fee may be transferred toward a future Teacher Training and I will be refunded my remaining balance. If I cancel within 14 days before the start of the training, I will forfeit my \$150 deposit/sign-up fee but my remaining balance will be refunded. Once the program begins, tuition is non-refundable and non-transferable.

I understand that all teacher training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

By signing my name below, I acknowledge and agree to the terms above.

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Signature

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Date