



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 your 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

Full payment is required no later than the start of the program, unless you are choosing the payment plan option. Payment can be submitted by check or you may pay by credit card at the studio or online at 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)

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

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

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

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

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 10 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.

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.

Signature

Date