

Spirit Path Yoga and Wellness

200hr Evolve Yoga Teacher Training Application

PERSONAL INFORMATION		
Name (Last):	(First):	(MI):
Mailing Address:		
City:	State:	Zip:
Phone (day):	(eve):	(cell):
Birthdate:		Email:
Current Occupation:		Employer:
Emergency Contact Name:		
Phone (day):		(eve):
How did you learn about Spirit Path Yoga?		
ABOUT YOU		
<i>To better serve you, it is important that we have a general picture of your yoga practice and history. Please be honest and clear so we can learn about you.</i>		
Please tell us about your yoga experience and include.		
a. Any prior trainings, techniques/styles, teachers whom you have worked with extensively		
b. Style(s) of yoga you currently practice		
c. How long have you been practicing yoga?		
d. How many days per week do you practice yoga?		
What area of yoga challenges you the most? Please circle all that apply:		
Physically	Mentally	Emotionally Spiritually

How has yoga touched your life or changed you?

Please communicate as best as you can what draws you to this teacher training?

In your opinion, what qualities embody an excellent and effective yoga teacher? Why?

What is your intention for taking this training? (circle all that apply)

- a. To teach yoga
- b. To maybe teach yoga, I'm not sure if I'd want too
- c. To deepen my yoga practice
- d. To add another skill to my toolbox and decide later how I'd like to use it
- e. To deepen my yoga knowledge
- f. To develop a home practice with confidence and awareness
- g. To tie myself into a yogic pretzel for instagram contests and prizes
- h. I can't explain why, I just have a feeling I need to do this
- i. Other:

Are you currently teaching yoga?

a. If yes, for how many years have you been teaching?

b. Where do you currently teach?

Please provide us with the name, phone number and email of one professional yoga reference

(If you're a student of the lead trainer, please put their name down and we will contact him/her)

Reference Name:

Phone Number:

Email Address:

HEALTH INFORMATION

Please complete the health history section below so that we can be sure to respond to any emergencies should they arise during your training. Please include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program.

How would you evaluate your current physical health?

Circle one: Excellent Good Fair Poor

Please describe any physical or mental challenges:

Please list any physical limitations and injuries:
(Including old injuries as well as current challenges):

Please describe any injuries or medical conditions that may affect your ability to fully participate in the training.

Do you have any special dietary needs or allergies? (Please list)

ADDITIONAL INFORMATION

Please include any additional information you would like us to know about you.

I affirm that the information I have provided is accurate to the best of my knowledge:

Signature:

Date:

Please print this application and submit along with the non-refundable \$75 application fee to Spirit Path Yoga and Wellness

505 West Northern Lights Blvd.,
Anchorage, Alaska 99503