Application for Peoples Yoga & Fitness Teacher Training

 peoplesyogatc@gmail.com

 Kellystiglich.com

Applications are considered on a rolling basis. Please return your completed form to the email or mailing address shown above. You will be notified of your application status within one week of receipt. Please feel free to call or email with any questions. Thank you for your interest in teacher training!

Personal Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application is for (circle one): 200-Hour 500-Hour Aerial Yoga

Medical Information

Do you currently have, or have you ever had, any of the following medical conditions or physical injuries?

Broken Bones Yes □ No □ Heart Problems Yes □ No □ High Blood Pressure Yes □ No □ Back Problems Yes □ No □ Surgery Yes □ No □ Detached Retina Yes □ No □ Injuries Yes □ No □ Other Yes □ No □ Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any medications? Yes □ No □

Emergency Contact Information

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Practice information:

Are you an experienced Yoga Practitioner? Yes □ No □

If yes, how long have you been practicing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share your current yoga practice information:

If no, what is your fitness background?:

Are you a Yoga Teacher? Yes □ No □

If yes, how long have you been teaching? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which lineage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Aerial Yoga Training Applicants Only) Have you practiced in the Swing before? Yes □ No □

If yes, how long have you been practicing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Disclaimers

Do you authorize Peoples Yoga & Fitness, LLC to take photos or videos of you during this workshop? Yes □ No □

Do you authorize the use of your likeness on our website and/or in print for promotional purposes? Yes □ No □

In consideration of my participation in the Peoples Yoga & Fitness Teacher Training and all related activities, I acknowledge that I am aware of the possible risks associated with this program and all related activities and practice at my own risk.

Signed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information:

 1. How has Yoga influenced your life?

 2. What is your favorite aspect of the Yoga teachings (Asana, Philosophy, Mantra, Chakras, Ayurveda, etc.) and why?

3. What has inspired you to apply for this training?

 4. What are you currently working through in your life: physically, mentally, emotionally, and spiritually?

 5. What is your greatest strength?

6. What is your biggest challenge in life at the moment?

7. Why did you choose Peoples Yoga & Fitness?

8. Why should you be chosen for this training?