

Staff _____



Prenatal Yoga Training Application

Thank you for taking the time to fill out this form completely. Your answers will help us create the best possible program for you.

Name _____ Birthday ___/___/___ Age ___

Male ___ Female ___ Address _____

City _____ State _____ Zip _____

Email Address _____

Phone # (_____) _____ Occupation: _____

Illnesses: _____ Prescribed Medications: _____

Emergency Contact Information:

Name	Relationship	Phone
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Signature of Applicant (Also parent/guardian if under 18)	Date
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You will receive an email of acceptance once your application has been reviewed.

We look forward to working with you on this exciting and life transforming program!

- 1) Are you a certified yoga teacher? If so, at what level are you certified (i.e. 200-hour, 500-hour, etc.)?

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- 2) When and where did you complete your training?

- 3) Are you currently teaching yoga? If so, where?

- 4) Please describe your experience with prenatal yoga (i.e., have you taken prenatal yoga, observed, taught or read about prenatal yoga):

- 5) Are you currently teaching prenatal yoga? If so, where?

- 6) Please describe what you hope to accomplish by participating in this training (possibilities include--being able to teach prenatal yoga, learning to accommodate pregnant students in non-prenatal classes, planning to teach yoga after becoming pregnant, or wanting to support a private student or loved one with yoga through pregnancy, all of the above, or something different):

- 7) Please tell us about your yoga practice including style(s), influential teachers, and your personal/home practice.

- 8) Please describe any health conditions you may have that could affect your practice – this can include previous injuries, medical conditions, psychological issues, medications, etc. Pregnant students are welcome in this training – but please let us know so we can accommodate you!