



Yoga Teacher Training (YTT)

APPLICATION FOR REFLEX 200 HR. YOGA TEACHER'S TRAINING

Personal Information

Name _____ Email _____

Address _____

Phone Home _____ Cell _____

Emergency Contact _____ Phone _____

Medical History

Please complete the medical history below so that we can be sure to respond to any emergencies should they arise during your training.

How is your current health?

Please list any medical conditions that may affect your full participation in the training:

About You:

To make the training more enjoyable for you and to help us assist you in meeting your long term goals, it is important that we have a general picture of your yoga practice and history. Please be as clear and honest as possible.

How long have you been practicing yoga?

How many days a week do you practice?

What is your favorite style of class?

Do you have a home practice? Describe.

Do you practice Pranayama and Meditation? Describe.

Do you practice more difficult postures or more restorative? Describe.

Is this your first yoga teacher training? If no, where else have you trained?

What areas of yoga challenge you the most? Describe.

Take your time and answer the following question in essay format. Please feel free to use additional paper.

What qualities do you think make a good yogi?

What are your personal goals for taking the yoga teacher's training course at ReFlex?