

FRANKLIN · ST
YOGA · CENTER

Teacher Training Application

The director of the program will review applications, and admission will be based on experience, enthusiasm, and willingness to teach yoga in a safe and selfless way. Please feel free to attach any additional pages to your application. Return completed applications to FSYC with a \$50 non-refundable deposit.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

How did you learn about the FSYC teacher certification program?

practice at FSYC Website Yoga teacher recommended it

Friend Flyer Yoga Alliance

Other: _____

Medical History

Please complete the medical information below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of the responses would exclude you from being accepted into the training.

How would you evaluate your current health?

Excellent Good Fair Some Challenges(Briefly Describe)

Do you have any of the conditions below?

Epilepsy Diabetes Pregnancy(Plans to be pregnant during course of training?)

Please list medications you are taking that have been prescribed to you by a health professional.

About You:

1. How long have you been practicing yoga? How many times a week do you currently practice?
2. What styles of yoga do you currently practice?
3. At which yoga studios do you practice?
4. Are there any particular teachers that resonate with you in the Triangle area and why?
5. List any types of yoga training you have had in the past.

Where?

With whom?

For how long?
6. What do you hope to gain from this teacher training? What are your expectations?
7. What do you hope to gain more knowledge about?

