



Yoga for Teens Teacher Training Application

Name _____

Address _____

City, State, Zip _____

E-mail _____

Home Phone _____ Cell Phone _____

Occupation _____

Goals for training program _____

Prior Certifications _____

Describe your personal yoga practice _____

Describe any physical conditions or imbalances you have that could be aggravated by exercise (back or knee problems, heart condition, recent surgery, injuries, high blood pressure, etc.) _____

Nonrefundable deposit of \$100 enclosed:

Check payable to Integral Yoga Institute.

Credit Card MasterCard Visa American Express

Credit card # _____

Expiration (MM/YY) _____ Security code _____

Emergency contact name _____

Phone _____ E-mail _____

Release Form:

I, _____ release Erin Wilson and all sponsoring agencies from responsibility for any injuries I may receive as a result of participation in this course. I certify that my level of physical condition as determined by myself or my physician will allow me to safely participate in this program. I realize that completion of this course is in recognition of training rather than a statement of certification. I understand that I will receive a certificate of completion for class hours that I participate in this course.

Signature _____ Date _____