

Pure Heart Yoga

200 Hour Yoga Teacher Training Application

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact _____

Medical Conditions: Do you have any medical conditions or injuries that may influence your ability to perform yogic exercises?

Yes _____ No _____

Please describe:

If "Yes" above, have you been given clearance by a physician to participate in an exercise program?

Yes _____ No _____

Yoga Experience:

Personal Intentions: Why are you interested in the program and what do you wish to gain?

Please feel free to share any other information you feel is relevant: _____
