

# OPEN DOORS POWER YOGA STUDIO

65 Washington St., Weymouth & 395 Washington St.,  
Braintree 781-843-8224

## TEACHER TRAINING APPLICATION

(PLEASE PRINT LEGIBLY)

### PERSONAL PROFILE

Name: \_\_\_\_\_ Gender: Male ( ) Female ( )  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Birthdate: Month \_\_ Day \_\_ Year \_\_\_\_\_  
Contact Numbers: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Other: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Hobbies: \_\_\_\_\_  
Class Enrollment Please circle on A.M. P.M.

Activities: \_\_\_\_\_

Interests: \_\_\_\_\_

### INTEREST IN YOGA

1. How did you hear about this Teacher Training Course?

2. Please list any previous yoga experience (Length of time, specific teachers, types of yoga) \_\_\_\_\_

3. Please list any other training or experience that you think is relevant.

4. Why are you interested in this Teacher Training Course?

5. What are your expectations for this training? What do you hope to gain, learn, or work on?

**6. Tell us about your physical health (major illness, surgeries, any injuries or physical conditions we should know about?)**

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**7. Are you pregnant, think you may be pregnant, or planning to get pregnant during this course?** \_\_\_\_\_

**8. Are you currently taking any medications? If yes, please explain.**

**9. Tell us about your diet, health, and exercise practices and beliefs.**

**10. List any other interesting things you think we should know about you.**

**11. Who can we call in case of emergency?** \_\_\_\_\_