**2016-17 200-Hour Yoga Teacher Training (YTT) Student Application & Health Questionnaire**

Please complete the following information as specifically as possible and sign at the bottom. All information submitted in this application will be kept confidential. Please feel free to use additional pages to complete the application.

**Personal profile:**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Notification: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_Female \_\_\_Male

Activities, Hobbies, Interests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Interest in Yoga**

1. How did you hear about AUM hOMe?

 Yoga Journal \_\_\_ Brochure \_\_\_ Workshop \_\_\_\_ Conference \_\_\_\_

 Yoga Alliance \_\_\_\_ Kripalu Yoga Teachers Association \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_

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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Why are you interested in becoming a Yoga Teacher in Training (YTT)?

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1. What are your expectations as a student? What do you hope to gain, learn, or work on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Tell us about your diet, health, and exercise practices. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List any other interesting things you think we should know about you. \_\_\_\_\_\_\_\_\_\_\_

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1. Specifically, what type of Yoga are you interested in teaching and to which age

group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Health Questionnaire**

The Practice of Yoga is an individual endeavor because Every Body is different. Students quickly discover that Asanas (Postures) they may execute with ease, others may struggle with, and vice-versa. In an effort to maximize student performance and minimize the potential for injury, please take the time to complete the following Health Questionnaire. Information obtained is for the instructor’s use and will be held in confidence. Thank you for taking the time to complete this form.

Namaste,

Melinda Atkins

Director

***Please answer in detail if the questions apply and enter N/A for non-applicable.***

1. Do you have any experience with stress management, yoga or meditation (please

 describe):

1. How would you describe your overall health?
2. Do you have any joint or muscle pain or tension?
3. Are you satisfied with your posture?
4. What kind of work do you do?
5. What do you do for relaxation and stress reduction?

**Current Health Challenges:**

1. Are you currently seeing a health care provider and if so, what for?

 2. Are you taking any long-term prescription or over-the-counter medication?

 \_\_\_\_Yes \_\_\_\_NO If so, please list the medication and the reason for taking:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have or have you had:**

\_\_\_\_ Allergies \_\_\_\_\_Heart Trouble

\_\_\_\_ Anemia \_\_\_\_\_Hernia/Rupture

\_\_\_\_ Anxiety Disorder \_\_\_\_\_High Blood Pressure

\_\_\_\_ Arthritis (\_\_\_\_Rheumatoid) \_\_\_\_\_Hyperglycemia

\_\_\_\_ Asthma \_\_\_\_\_Hypoglycemia

\_\_\_\_ Back Pain \_\_\_\_\_Hypertension

\_\_\_\_ Bladder or bowel control problems \_\_\_\_\_Joint Dislocation

\_\_\_\_ Blood Thinners \_\_\_\_\_Unstable/”trick” Joint(s)

\_\_\_\_ Broken Bones \_\_\_\_\_Joint Swelling

\_\_\_\_ Cancer \_\_\_\_\_Major Surgeries

\_\_\_\_ Chest Pains \_\_\_\_\_Metal Implants/artificial joints

\_\_\_\_ Chronic Fatigue Syndrome/Mono \_\_\_\_\_Neurological Diseases

\_\_\_\_ Chronic Pain/fibromyalgia \_\_\_\_\_Night sweats

\_\_\_\_ Colitis \_\_\_\_\_Orthopedic Problems

\_\_\_\_ Depression \_\_\_\_\_Osteoporosis

\_\_\_\_ Diabetes \_\_\_\_\_Other Breathing Problems

\_\_\_\_ Digestive Problems \_\_\_\_\_Pinched Nerves or Disc Problems

\_\_\_\_ Dizziness, vertigo or loss of balance \_\_\_\_\_Respiratory Fatigue Syndrome

\_\_\_\_ Eating Disorder \_\_\_\_\_Seizures

\_\_\_\_ Epilepsy \_\_\_\_\_Shortness of Breath

\_\_\_\_ Eye Problems \_\_\_\_\_Sleep Disorders

\_\_\_\_ Gastritis/ulcer \_\_\_\_\_Thyroid/endocrine Problems

\_\_\_\_ Glaucoma \_\_\_\_\_Traumatic Auto Accidents

\_\_\_\_ Headaches \_\_\_\_\_Unexplained falls or fractures

\_\_\_\_ Hearing Difficulty \_\_\_\_\_ Urinary Disease

**Women Only:** \_\_\_\_\_Vision Difficulties

\_\_\_\_\_PMS or irregular period

**Please describe any injuries, surgeries, or other medical health**

**concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please ask any questions or voice any concerns that you have about participating in**

**Yoga Classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**General Health Questions:**

1. Is your daily schedule regular or does it change from day to day?
2. Any difficulties noticed with breathing?
3. Do you notice changes in your breathing when you become upset or agitated?
4. What is your overall energy level?
5. Would you describe your overall energy as stable or quite variable?
6. Do you get to sleep easily and rest well through the night?
7. Do you wake up feeling refreshed to start your day?
8. If there are energy fluctuations, when do you feel them?
9. What is your stress level? Low\_\_\_\_ Moderate\_\_\_\_ High\_\_\_\_ Off the Chart\_\_\_\_
10. What tends to bring on or trigger stress in your life?
11. Do you experience depression or anxiety?
12. Tell us about any emotional and mental health (previous or current therapy, length of time, eating disorders, bouts of depression, addictive behavior, etc.)

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1. Are there habits you would like to change?

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Student’s Name (Please Print) Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature (If under 18) Date**

**AUM hOMe Shala** **Professional Disclosure Form and General Release**

We are delighted to have you as a Yoga student. The following information will help you get the most out of your Yoga classes and clarify the role of a Yoga teacher. Please read and sign below.

1. I am a Yoga Teacher at AUM hOMe Shala and have completed a thorough professional training in Yoga instruction. I have a Yoga Certification and am registered with the Yoga Alliance. Yoga is much more than physical exercise; it is a transformational practice that integrates body, mind and spirit. Yoga is a way of encountering and releasing physical, mental, and emotional tensions to arrive at deeper levels of relaxation and awareness.
2. All exercise programs involve a risk of injury. By choosing to participate in my

Yoga classes, or any other classes at AUM hOMe Shala, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury:

* Listen to and follow Yoga Teacher’s instructions carefully.
* Breathe smoothly and continuously as you move and stretch.
* Do not hold your breath or strain to attain any position.
* Work gently, respecting your body’s abilities and limits.
* Don’t perform postures or movements that are painful.
* Ask if you are unsure how to perform a certain movement.
* Menstruating women should not practice inverted postures.
* Pregnant women must consult their health care provider before enrolling in class.

 3. It is always advisable to consult your physician before embarking on any exercise

 program. Please complete the Student Health Questionnaire Form and inform the

 teacher of any health conditions that could be affected by your practice of Yoga.

 If you are unsure about a condition, please speak to your teacher.

 4. Awareness is fundamental to the practice of Yoga. It is your responsibility as a

 student to monitor each activity and determine whether it is appropriate for you to

 participate. Though I am your teacher, you remain primarily responsible for your

 safety and well-being.

The undersigned assumes all risk of damage or injury that may occur as a student in AUM Home Shala Yoga classes, both while attending classes and following instruction at home. In consideration of being accepted as a Yoga student the undersigned releases and discharges Melinda Atkins, AUM hOMe Shala from any and all claims, demands, actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned’s participation in Yoga classes or practice of Yoga outside of class.

I have read, understand, and agree to the content of the Professional Disclosure Form and General Release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (please print) Student Contact #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (please sign) Emergency Contact Name & Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date E-mail Address

**RELEASE AND CONSENT TO PHOTOGRAPH**

For use to promote AUM hOME Shala Yoga Programs

Subject’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUM hOMe Shala established its Clinical Yoga Therapy Program in 2011 to promote the use of Yoga Therapy as an Integrative and Alternative health care. I understand that AUM hOMe Shala routinely promotes the educational, health, and spiritual benefits of Yoga Therapy in rehabilitation. I also understand that AUM hOMe Shala is in the process of creating a Teacher’s Manual and videos of technique for use in years to come.

I hereby consent to being the subject of photographs and videos taken for the above stated purposes and promoting Shala Yoga programs and hereby release AUM hOMe Shala from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use of my image and likeness as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Director of AUM hOME Shala