**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 200-Hou Yoga Teacher?

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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. 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**

**Assumption of Risk/Waiver of Liability and Media Release ASSUMPTION OF RISK/RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

**Assumption of Risk:** I recognize the possibility of potential injury that may result from participating in Yoga classes or any other classes at Aum Home Shala (“Shala”). Being fully aware of this risk, I voluntarily choose to participate in Shala programs and accept all risks associated with that participation. In consideration of being accepted as a Yoga student, I on my own behalf, and on behalf of my heirs, administrators, executors and successors, hereby forever release and covenant not to the Shala, its officers, directors, shareholders, employees, volunteers and all others associated the Shala including Melinda Atkins, from all liability for any and all damages and injuries I may suffer while under the instruction, supervisions or control the Shala. I hereby fully agree to individually provide for all present and possible future medical expenses which I may incur as a result of any injury sustained while participating at or for the Shala.

I have read and understand this acknowledgment of policies, risk and waiver of liability and I voluntarily affix my name in agreement.

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

Student’s Name (please print) Date

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

Student’s Signature

**Indemnification and Hold Harmless**: I also agree to INDEMNIFY DEFEND AND Aum Home Shala, (“Shala”) its officers, directors, shareholders, employees, volunteers and all others associated with the Shala including Melinda Atkins HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including but not limited, attorney’s fees, arising from, or in any way related to my participation in Shala programs, classes and events, except for those arising out of the willful misconduct and/or gross negligence of the above named parties, as applicable.

I have read and understand this acknowledgment of policies, indemnification and hold harmless agreement and I voluntarily affix my name in agreement.

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

Student’s Name (please print) Date

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

during, and following the protocol.

**MEDIA RELEASE**

**Audio and Image Consent**

By attending and participating in all AUM hOMe Shala classes and events, I hereby grant my permission to AUM hOMe Shala and its officers, directors, shareholders, employees, volunteers and all others associated with AUM hOMe Shala, including Melinda Atkins, to be filmed, audiotaped, or photographed by any means, and grant full use of my likeness, voice and words without the expectation of compensation.

I have read and agree to the above.

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

Student Name (please print) Date

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

Student Signature