

# Yoga Teacher Training Program

**Check One**

- Certificate Program (\$2600/2700)
- Non-certificate Intensive (\$1950)

## 200 Hour Hatha/Vinyasa Registration Form



Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

*Answer questions below. If you need more space, attach sheet to application*

### YOGA PRACTICE:

1. How long have you been practicing yoga? \_\_\_\_\_

2. How many times per week and for how long do you practice? \_\_\_\_\_

3. Do you practice any form of meditation? If so, how frequently? \_\_\_\_\_

4. What other forms of physical exercise or movement do you currently do? \_\_\_\_\_

5. Have you completed at least three classes with Cathy? Yes \_\_\_ No \_\_\_

6. If you are unfamiliar with Cathy's teaching, have you contacted her for a meeting/interview? Yes \_\_\_ No \_\_\_

7. Have you attended any other yoga teacher training programs, workshops, or retreats? Yes \_\_\_ No \_\_\_

Please list teachers, conferences, locations.

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8. Do you have a yoga teacher who would recommend you to this program? Yes \_\_\_ No \_\_\_

If so, can you give his/her name, address, and phone number? \_\_\_\_\_

*please complete other side*

**HEALTH INFORMATION**

Sound health is a prerequisite for this program. Assuming you are healthy overall at this moment, please offer information on past health issues. **THIS APPLICATION IS STRICTLY CONFIDENTIAL.**

1. Have you had any serious illnesses, surgeries or injuries? Please list and explain if necessary.

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2. Allergies or chronic conditions, such as lyme, depression, etc. \_\_\_\_\_

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3. List all past or present addictions or addictive behavior. \_\_\_\_\_

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4. List all past physical injuries. \_\_\_\_\_

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5. How would you describe your mental health and state of mind most days? \_\_\_\_\_

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6. What aspects of your health are you hoping to improve through your experience with this yoga program?

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7. List any medications you are currently taking. \_\_\_\_\_

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**REFLECTIONS: YOGA TEACHING AND THIS INTENSIVE** *(Please use another sheet to answer questions.)*

1. Why do you want to be a yoga teacher?

2. What intentions do you have for yourself and your own development in this program?

Which aspects of the training program are you most interested in learning about?

3. What obstacles do you see in the way of fulfilling your goals/intentions for this program (emotional, physical, financial, mental, etc.)?

**For questions regarding the training or application,  
please e-mail Cathy Cesario: [spirittree111@aim.com](mailto:spirittree111@aim.com) or call at 401-301-9173.**

**Please mail application, along with \$100 non-refundable application fee, to  
Tenth Gate Yoga, Glen View, 1046 East Main Road, Portsmouth, RI 02871**

The undersigned agrees that they have read, understand, and agree to all the release information stated herein and that all the registration information provided is correct to the best of their knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_