



Inner Peace Yoga Therapy

Student Registration and Application Yoga Therapy Training Program

Today's Date:

Name:	Phone:
Pronouns:	Email:
Address:	

Are you a Registered Yoga Teacher? RYT 200 RYT500 No
(if no, please explain)*

*A 200-hour Yoga Alliance certification is required for participants seeking 500-hour certification with Yoga Alliance. A 200- hour yoga teacher certification is required for participants seeking 800-hour accreditation with IAYT-International Association of Yoga Therapists. A 200-hour yoga teaching certification is not a prerequisite for attendance for health professionals, body-workers, and/or holistic practitioners who are not seeking Yoga Alliance and/or IAYT accreditation.

Where did you receive your Yoga Teacher Training?

School:

Location:

Date of graduation:

How long have you been teaching yoga? (Describe in terms of years or hours)

Where do you teach?

What style of Yoga do you teach?

Are you a health care professional?

If yes, please elaborate:

What are your goals or expectations for this training? Where do you see yourself at the completion of the program?

What particular skills and qualities do you bring to this program?

Any learning challenges or disabilities we can support you with?

More About You

1. How many years have you been practicing yoga?

2. How many days per week do you practice yoga?

3. What style of yoga do you usually practice?

4. Where do you currently practice?

5. Do you have a home practice? Yes No

6. Who have been your primary yoga teachers?

7. Do you practice meditation or pranayama?

8. Describe your studies and understanding of the yoga sutras, and any other of the classical texts of yoga.

9. Provide the name and contact information of your current yoga teacher; and/or a certified yoga teacher who can give their recommendation of your readiness to participate in this training.

10. What is your understanding of a yoga therapist and how does a yoga therapist differ from a yoga teacher?

11. What do you feel are the most important qualities for a yoga therapist to embody?

Is there anything else you'd like to share about yourself?

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they occur during your training. Please note that none of your responses will exclude you from being accepted into the program.

1. How would you evaluate your current health?

- Excellent Good Fair
- Some challenges (briefly describe)

2. Do you suffer from any of the conditions below?

- Epilepsy Diabetes High Blood Pressure
- No, I do not suffer from the above conditions to the best of my knowledge

3. Explain any past or present physical injuries that sometimes require yoga modifications.

4. What are your current stresses and psychological challenges?

5. Are you pregnant or do you plan to become pregnant during the course of training?

- Yes No

6. Are you currently or during the last two years have you been under the care of a physician or mental health care professional?

7. Please list medications you are taking prescribed by your physician or mental health care professional.

Emergency Contact Information

	Name	Address	Phone
Relative or Contact			
Primary Physician (if any)			

Additional Information:

Allergies	
Special needs or dietary restrictions	

Waiver of Liability:

I understand that this is an intensive training that includes lecture, group work, partner work, self-study, physical and other yoga practices. I am coming to this training as a student who seeks to pursue their education in yoga therapy. Yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against my instructor or Inner Peace Yoga Therapy.

Signature _____

Date _____

Fees & Accommodations:

Tuition	<input type="checkbox"/> 300 hour programs: \$4,500
Deposit	\$750 (fully refundable up to 30 day prior to the start of the program. Deposit will then be deducted from remaining tuition balance.)
Which program are you registering for?	<input type="checkbox"/> Level 1 Virtual Training May – December, 2021

To register via email or mail, download this application and:

Mail to: Inner Peace Yoga Therapy, PMB #411, 10 Town Plaza Durango CO 81301 USA or email: info@innerpeaceyogatherapy.com

Deposits are refundable until 30 days prior to the training start date. Please call (970) 946-8961 with any questions.