

St. Petersburg Yogi Teacher Training Application

Personal Information

ST PETERSBURG YOGA

Name _____ Email _____

Address _____

Phone _____ Emergency Contact _____

Phone _____

Medical History

Please complete the medical history below so that we can be sure to respond to any emergencies should they arise during your training.

How is your current health?

Please list any medical conditions that may affect your full participation in the training:

About You:

To make the training more enjoyable for you it is important that we have a general picture of your yoga practice and history. Please be as clear and honest as possible.

How long have you been practicing yoga? _____

How many days a week do you practice? _____

What is your favorite style of class? _____

Do you have a home practice? Describe. _____

Do you practice Pranayama and Meditation? Describe. _____



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Do you practice more difficult postures or more restorative? Describe. _____

Is this your first yoga teacher training? If no, where else have you trained? _____

What areas of yoga challenge you the most? Describe. _____

Take your time and answer the following question in essay format. Please feel free to use additional paper.

1. What qualities do you think make a good yogi?