



Join us to transform your mind, body and life as an inspiring and

extraordinary Yoga Alliance power yoga teacher!

57 Main Street, Chester NJ, 07930

Please complete this form and submit to: info@vibeyogalounge.com along with a photograph of

yourself.

**BASIC INFORMATION**

|  |
| --- |
| NAME |
| ADDRESS |
| PHONE NUMBERALT. PHONE NUMBER |
| EMAIL |
| DOB |
| SEX |
| CURRENTOCCUPATION |
| EMERGENCYCONTACT (NAME, NUMBER) |

**HEALTH**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Please list any and all medical conditions, including epilepsy, diabetes, high blood pressure or any physical injuries? |
| Do you have any allergies? If so to what? |
| Are you under the care of a mental health professional (psychiatrist, psychologist)? Please list any medications the professional has prescribed. |
| Have you undergone surgery within the past two years? If so what for? |
| Have you been hospitalized within the past two years? If so for what? |
| How is your overall Health? How often do you exercise? |
| Are you currently on any medications? |
| Are you pregnant? |

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| Do you drink alcohol? If so, how many times per week? |
| Do You Smoke? If so, how often? |
| Do you take recreational drugs? If so, what and how often? |

**YOGA QUESTIONS**

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| How long have you been practicing yoga? What styles and where? |
| How often do you currently practice hot, warm or non-heated yoga? |
| What yoga teacher inspires you? |
| Have you taken any other Yoga Teacher Trainings? Fitness classes? |
| Are you currently teaching any group, yoga or exercise classes? If so, where and for how long? |

**TRAINING PROGRAM**

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| Are you willing to commit 100% to this training? If so, what will that look like for you? |
| Are you committed to attending every session? |
| Will you be on time for each and every session? |
| Are there any reasons that could affect your 100% participation in this program? |
| Any questions or concerns? |