

To Register for the youth yoga teacher training, please complete this form. Add additional sheets as needed.

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

Yoga Experience: # years practicing \_\_\_\_\_

Please indicate if you have studied a particular style of yoga, or worked with specific teachers.

Please list any injuries/physical conditions you are currently working with:

Yoga Teacher Training Programs you have participated in:

Are you currently teaching yoga? Y/N Give brief history of teaching experience(indicate # years and different environments in which you have taught). List classes you are currently teaching.

Experience working with youth: indicate whether volunteer or paid, length of time in position:

Meditation Experience: # mo/yrs practicing? \_\_\_\_\_ How often(daily?) \_\_\_\_\_

Style of Meditation? \_\_\_\_\_

Meditation retreat practice? \_\_\_\_\_

I recognize that the practices of yoga and meditation can be physically, emotionally and psychologically challenging. I hereby recognize that I am responsible for knowing my own limitations, and acknowledge that Cator Shachoy, Yoga Garden SF, and Youth Yoga Dharma are not responsible for any injury that may result from my voluntary participation in this event.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

