



# Body Mind & Spirit Yoga

In Depth 200 Hour Yoga Teacher Training Program

## Application

2845 Cacatua St.  
Carlsbad CA 92009  
858.492-8562

*Date* \_\_\_\_\_

*Name* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_  
( AS YOU WANT IT ON YOUR CERTIFICATE )

*Address* \_\_\_\_\_

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

*Tel* \_\_\_\_\_ *Cell* \_\_\_\_\_

*E-mail address* \_\_\_\_\_

**HOW LONG HAVE YOU BEEN PRACTICING YOGA?** \_\_\_\_\_

☐ I am enrolling in the full 200-hour Teacher Training Program

☐ At this time, I am enrolling in the following course(s) only:

☐ 100 HR Teacher Training Core Module \_\_\_\_\_

☐ The Asanas: Practice and Teaching \_\_\_\_\_

☐ Creativity, Teaching and Modifications for Special Needs \_\_\_\_\_

☐ Teaching Skills, Safe Sequencing & Business Principles \_\_\_\_\_

☐ Spirituality of Yoga: Subtle Anatomy, Chakras and Assisted Posture Work \_\_\_\_\_

Office Use Only  
Date Completed

*\*I am aware that there are specific registration and refund deadlines for all courses, and agree to the deadlines upon registering for each course\**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**PLEASE COMPLETE THE QUESTIONNAIRE ON PAGES 2 & 3**



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(Note: Please use additional paper as necessary)

1) How did you hear about Body, Mind and Spirit Yoga Teacher Training Program?

- ☐ Website. If so, which one? \_\_\_\_\_  
☐ Friend, teacher or \_\_\_\_\_

2) Please share any current information regarding yourself i.e. current occupation, prior education (Please also list any related educational experience that you feel you will integrate with the knowledge and skills gained during this training), particular hobbies and interests and anything else that you would like us to know. (use separate sheet if needed)

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3) Write a description of your yoga experience (past and present). Please include:  
How often do you attend/have attended yoga classes, where, taught by whom?  
What styles of yoga do you practice/have you practiced?  
Do you have a personal yoga practice (outside of class); how often? (attach if needed)

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4) Do you currently teach yoga or have you done so in the past? If so, describe the type and the frequency of the classes taught. Where do you or have you taught?

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Please continue on next page



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- 5) *If you are teaching or not yet teaching, is there any particular area where we can help you meet your goals through our training? Are there any unanswered questions or concerns you would like to share at this point?*

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- 6) *Please list any limitations, conditions or injuries that we should know about. Do you find within or outside of your yoga practice anything that helps or aggravates the above? Has your physician ever advised you of any contraindications regarding any specific postures or recommended certain postures?*

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**PLEASE COMPLETE AND SIGN THE FOLLOWING MEDICAL HISTORY/RELEASE FORM:**

### Waiver of Liability and Informed Consent

I acknowledge that it is my duty to exercise ordinary care for the protection of others and myself while attending yoga classes/teacher training at Body, Mind and Spirit Yoga. I assume the risk of physical activity with my own physical condition. I have received advise from my doctor that I am capable of physical exercise such as provided by Body, Mind and Spirit Yoga Teacher Training, or I will seek such advice, or I will assume the risk of exercising without a doctor's examination.

I take complete responsibility for my presence at the Body, Mind and Yoga Teacher Training and I will not hold Donna Cheema, any substitutes or volunteers responsible for any injuries or loss I may incur as a result of my participation in any teacher training course/yoga class or discipline now or in the future.

I hereby confirm that I have read and fully understand this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without inducement. Further, I have read your refund policy.

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

Parent/Guardian's signature if under 18: \_\_\_\_\_