



200-hour  
**yoga teacher training**  
application/registration form

**Share some basic information.\***

NAME:

ADDRESS:

CITY/STATE/ZIPCODE:

TELEPHONE:

CELL:

EMAIL:

How did you hear about the school?

Did someone refer you to the school? If so, who?

Confirmation will be sent upon receipt of registration form and application fee.

SEND FORM AND  
\$99 APPLICATION FEE TO: Yoga Teacher Training  
Yoga Shala Lubbock @ HWY108  
4410 50th St.  
Lubbock, TX 79410  
EMAIL PDF TO: [lisa@lubbockhwy108.com](mailto:lisa@lubbockhwy108.com)

Upon acceptance a non-refundable deposit of \$600 is immediately due. The deposit is applied to tuition.

*\*All information provided through your application/registration form will be kept strictly confidential.*

Please answer the following questions in the boxes provided. Save file as PDF and email to [lisagarnersanta@gmail.com](mailto:lisagarnersanta@gmail.com).

## **Share your yoga practice.**

Describe your typical yoga practice, including examples of postures you practice during a typical session.

How long have you been practicing yoga?

Have you been practicing under the guidance of a

- a) registered Yoga Alliance teacher
- b) another experienced teacher
- c) through online or purchased videos

How many times a week do you practice?

- a) 6 or more
- b) 4-5
- c) 2-3
- d) 1-2

How long have you had a consistent practice?

- a) 3 months
- b) 6 months to a year
- c) 1-3 years
- d) more than 3 years

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How long is your practice?

- a) 30 minutes
- b) 60 minutes
- c) 90 minutes
- d) more than 90 minutes

What styles or traditions of yoga do you regularly practice?

- a) Hatha Yoga
- b) Vinyasa Power Yoga
- c) Iyengar Yoga
- d) Ashtanga Yoga
- e) Bikram Yoga
- f) Other
  - a. Please explain other:

Besides yoga, please list any other types of physical activity you typically engage in and how often (e.g., running—3 times a week; dancing—once a week.)

Why do you want to be certified as a yoga teacher at this time in your life?

How do you plan to apply your yoga skills to your life and work?

What teaching/leadership skills do you currently embody that would support your future work as a yoga teacher?

### **Share your educational background.**

What is your educational background?

- a) GED
- b) High School Diploma
- c) Associates Degree
- d) Bachelor's Degree
- e) Master's Degree
- f) Doctoral Degree
- g) Post Doctoral

**Share your work experience.**

What is your current occupation?

How many years have you been in this occupation?

Did you have any previous occupations, and if so, can you share?

**Share your language.**

What is your primary language?

Are you fluent in English?            YES                            NO

If no, please describe your level of proficiency. (**Please note:** Yoga Teacher Training requires each student be able to comprehend and to respond with written and oral communication in English.)

**Share any criminal history.**

Have you ever been charged with or convicted of a felony or lesser crime?  
If yes, please explain:

Have you ever been incarcerated?  
If yes, please explain:

**Share your level of health.**

**YES / NO**

Are you under medical treatment for any physical condition?

Are you currently pregnant or trying to get pregnant?

Do you have any chronic pain, physical limitations, or disabilities?

Have you had a serious illness or major surgery within the last five years?

Do you have a communicable disease?

Are you under medical treatment for any psychiatric condition?

Have you ever been hospitalized for any psychiatric condition?

Have you ever been in a treatment program for alcohol or substance abuse?

**Share if you currently have, or have you had in your lifetime, any of the following conditions. Please place an asterisks (\*) by any that apply.**

Environmental or food allergies

Respiratory conditions

Heart conditions

Diagnosed mental-health conditions

Seizures or strokes

Chemical sensitivities

Diabetes

High blood pressure

If you indicated “yes” to any of the above, or if you have any other health condition that could impact your full participation in the program, please describe fully. Please indicate N/A if not applicable.

Please list any prescription medications you are currently taking, indicating dosage and frequency of intake, and what symptoms/conditions require the medication—excluding birth control and cosmetic prescriptions. Please indicate N/A if not applicable.

### **Let others share about their experiences with you.**

Letters of recommendation (optional): To support your application, you may submit up to two letters of recommendation documenting how your training will be used to support your current and/or future work.

### **Share an understanding of the certification criteria.**

#### **Please check each box to communicate an understanding of each criteria.**

Although the great majority of students who attend the 200-hour certification program are certified as Yoga teachers, certification will not be granted to any student who fails to demonstrate the following:

A basic understanding of the principles underlying the yoga system, as well as the specific philosophies, teachings, techniques, and methodology.

Competency in the full range of practical skills required to safely teach Yoga to others.

A level of emotional maturity, mental stability, and personal integrity sufficient to create and maintain a safe and sacred environment that allows the personal transformation of students to occur.

The ability to be a yoga teacher, including the good judgment required to interact with students in a professional manner that safely and effectively brings them the benefits of Yoga, as reflected in the student's conduct inside and outside of the class during the course of training.

Please understand that your completion of the above requirements will be assessed through a set of standards that include an attendance policy, review of assignments, the evaluation of practice teaching sessions, and behavioral guidelines. While efforts will be made throughout the training to provide students with input on teaching or other challenges that might impede certification, it is important to understand that not every student who is accepted, pays tuition, and participates in the YTT program is guaranteed certification, even upon the completion of all the required assignments.

At the start of the program, you will be asked to sign a written agreement detailing your responsibilities as a student and the standards used to assess your eligibility for certification.

100% Attendance is required. Missed sessions due to illness must be rescheduled at the rate of \$90/hour with a Lead Trainer within two months of the missed session.

**Share your signature.**

I acknowledge that all information submitted in this application is true and accurate to the best of my knowledge. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the certification criteria listed above and, should I be accepted to attend Yoga Teacher Training, I understand I will be evaluated using these criteria.

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