

Triad Yoga's 300 Hour Teacher Training and Continuing Education Program

Application Form

Note: Our one-time application fee is \$50.

Please print or type your information below. Please allow 2 weeks after receiving your application for processing.

NAME: _____ **EMAIL:** _____

ADDRESS: _____

CITY & STATE: _____ **ZIP CODE:** _____

MOBILE PHONE: _____ **HOME PHONE:** _____

EMERGENCY CONTACT INFO

NAME: _____ **BEST PHONE #:** _____

Section A:

YOGA TEACHERS: Please use the open spaces provided after each question to provide your information.

If you are not a Yoga Teacher proceed to Section B.

Are you registered with Yoga Alliance? (yes / no)

When did you register with Yoga Alliance?

At what level are you registered?

From which School or Teacher did you originally receive a Certificate of Completion for Teacher Training?

Give full name and contact info such as address, phone, and email. If more than one school, please list all programs.

If you are not registered with YA, please list your teacher training experience and a contact School or Teacher to verify your training.

Section B:

YOGA STUDIES EXPERIENCE: All applicants should complete this section.

How many years have you studied and practiced Yoga?

Please list the distinct styles of Yoga you have studied and for how long. (Example : Ashtanga / 5 yrs.) Use back if necessary.

Who is / are your most influential teacher(s)?

Do you attend regular weekly yoga classes or semi-regular yoga workshops? Please describe your current studies.

Section C:

YOGA PRACTICE INFORMATION: To help us understand your current personal practice, please provide us with frequency and amount of time devoted to each method. *For example: Arm Balances: 2 x per month for 1 hr.* If you don't practice a particular category, please state that.

Asana

Vinyasa / Flow:

Standing Poses:

Inversions:

Back Bends:

Arm Balances:

Sitting Poses:

Supine / Abdominals:

Restoratives / Therapeutic Sequences:

Pranayama (note types of pranayama in each position)

Reclining:

Sitting:

Meditation

Tell us about your meditation practice and how often?

Svadyaya

Reading significant books about yoga and related disciplines is an important practice. What books, if any, have you read in the past year related to yoga, philosophy, or inspirational?

Section D:

Please list all injuries, illnesses, or chronic conditions you have now or had recently which definitely must be considered in your practices and studies. Please note that your application will only be viewed by the co-directors and legal counsel (if necessary). If you have concerns about privacy, please make this clear to us so that we can be discreet in our communications with you. ** Use the back of this page if you need more space.

Section E:

In the questions that follow, please express yourself freely in the space provided, or attach a separate page.

What inspired you to begin your Yoga studies?

How has the study and practice of Yoga transformed your life so far?

Now that you have completed this application, we ask that you initial the following policies as a way to verify that you know about them and comply with them.

In order to receive a **Certificate of Completion** for Triad Yoga’s 500 Hour Teacher Training Program, participants must complete all modules and workshops, and 5 day intensives. _____

In order to receive further documentation of 500 Hour Teacher Training Program, the candidate must pass a separate teaching assessment session in the presence the director and another RYT 500 Instructor. _____

Each participant is responsible for his / her physical and emotional safety by getting proper medical treatment for any conditions that might arise while participating in the 500 Hour Teacher Training Program. _____

If a participant registers and pays for a module but cannot attend, we require notification at least 24 hours before the module is set to begin. We can either agree to forward your payment to the next module or, instead, send a check for the amount paid minus \$50, our cancellation fee. _____

Your Name (Print): _____

Your Signature: _____

Today’s Date: _____

Please make a copy of this application for your records.

Make your check of \$50 application fee to: Triad Yoga Institute

**Mail to: The Triad Yoga Institute
3506 Madison Ave
Greensboro, North Carolina 27403**

Please feel free to contact us if you have any questions regarding the completion of your application. We look forward to reviewing your application and getting to know you!

Terry Brown, E-RYT 500

**info@triadyoga.com
336-851-0366**