



Believe You Can

Yoga Alliance RYT- 200 hour Yoga Teacher Training & Personal Development

APPLICATION FOR ADMISSION

This application is the first step in being admitted to this program. Please do your best to provide complete and accurate information, all of which will be kept private and confidential. A minimum deposit of \$200 is due upon receipt of this application and will be applied to your tuition upon acceptance.

For complete information on the program, registration, requirements, and certification, please contact Jane Viscolosi directly at 401-578-9973 or email at jane.viscolosi@cox.net.

PART ONE – BASIC INFORMATION

Program: 200-Hour Yoga Teacher Training and Personal Development

Full Name: _____

Street: _____

City: _____

State: _____ Zip : _____

Birthday _____

Best Phone No: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone: _____

PART TWO – HEALTH INFORMATION

All of your personal health and medical information will be kept strictly confidential.

Please describe any physical, mental or emotional conditions that might affect your participation in this program.

List any medication you are presently taking. List any surgeries you have undergone in the past ten years. List any chronic pain, joint strain, muscle strain or other physical issues that you have had or presently have that cause you any concern.

Indicate if you are pregnant or recently gave birth (within the past 18 months).

Please feel free to add any other health-related information you wish to bring to our attention.

Do you, or have you, ever had any of the following?
If so, describe below or on separate page.

Condition Description:

Anxiety	Yes/No
Arthritis	Yes/No
Asthma	Yes/No
Epilepsy	Yes/No
Eye Problems	Yes/No
Diabetes	Yes/No
Depression	Yes/No
Hearing Problems	Yes/No
Heart Health History	Yes/No
Hiatus Hernia	Yes/No
High/Low Blood Pressure	Yes/No
Migraine Headaches	Yes/No
Nerve Pain or Damage	Yes/No
Neuropathy	Yes/No
Joint Sprains/Dislocations	Yes/No
Respiratory Issues	Yes/No
Spine Conditions/Pain	Yes/No
Other Health Conditions	Yes/No (describe below)

PART THREE – YOGA EXPERIENCE

1. How long have you been consistently practicing yoga?
2. What types of yoga have you practiced? Please indicate how long you have practiced each type.
3. How often do you practice currently?
4. Please indicate how often you practice, home practice, with friends, etc.
5. Please list the name(s) of your current yoga teacher(s).
6. What yoga teachers have most influenced your practice? Please briefly summarize their influence on your practice.
7. List yoga workshops you have attended in the last three years. Please give approximate date, venue and instructor. (Continue on a separate sheet if necessary.)
8. List titles and authors of yoga books you have read and enjoy reading:
9. Have you previously participated in a yoga teacher training program?
If so, please indicate when, where and with whom as the principal instructor(s).
10. Do you currently teach yoga? If so, please indicate dates, location and style.

11. What first motivated you to practice yoga?

12. Why do you practice yoga now?

13. What are your main interests or hobbies outside of yoga?

13. What qualities (from your education, work experience, life experience) do you think you would bring to this program?

14. What are your intentions for this self-development program? What do you wish to gain from participating?

PART FOUR – DECLARATION

The facts set forth in this application are, to the best of my knowledge, true and complete.

Signature: _____

Date: _____

Please return your completed Application for Admission along with a *minimum* \$200 deposit to (if it helps you to pay more you may do so ...money in the bank.)

Check, Cash, or Credit Card, Pay Pal accepted.

Thank You for your Interest in *Believe You Can RYS-200*, a recognized Yoga Alliance RYT-200 hour Yoga Teacher Training program.

Jane Viscolosi