

## Sealevel Hot Yoga Teacher Training Application

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact (name, relationship, phone #): \_\_\_\_\_

### **Yoga Experience**

How long have you been practicing yoga? \_\_\_\_\_

What styles of yoga do you/have you practiced? \_\_\_\_\_

—

\_\_\_\_\_

In the past year, how many times each week (on average) have you practiced? \_\_\_\_\_

Name and location of current studio: \_\_\_\_\_

Name and contact information (email or phone) of owner/director of your current studio:

\_\_\_\_\_

Please briefly explain your interest in our Teacher Training Program:

Upon receiving your completed application you will be contacted via email to set a time for a phone or an in-person interview with either Kevin Cooke, Sealevel Hot Yoga owner and Director of Teacher Training, or Sarah Grace, Sealevel Hot Yoga teacher and Teacher Training Coordinator. Your acceptance into the program will be communicated to you via e-mail.

If accepted to the Sealevel Hot Yoga Teacher Training program, I agree to faithfully attend all scheduled training sessions and fulfill all practice requirements; failure to do so may result in not completing the program. If any circumstances should arise that would affect my ability to attend any scheduled sessions, I will communicate directly and in a timely manner with Teacher Training Instructors.

I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to fulfill all practice requirements and attend all training sessions required in the Sealevel Hot Yoga Teacher Training Program. I will not hold Sealevel Hot Yoga or its instructors responsible for any injuries suffered by me caused in part or entirely by my failure to follow any instructions during yoga class or Teacher Training programs. I will fully disclose in writing any physical issue of mine that may affect my participation in the Sealevel Hot Yoga Teacher Training Program.

By signing below I agree I have read and understand the above stated conditions:

Name: \_\_\_\_\_

Date: \_\_\_\_\_