



Yoga Teacher Training & In-Depth Studies Program

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 non-refundable application deposit of \$100 is due upon receipt of this application and will be applied to your tuition if you are accepted. For complete information on the programs, registration, requirements, and certification, please read the detailed program description available online at www.markstephensyoga.com or contact Mark directly via email (mark@markstephensyoga.com) or telephone (888-594-9642).

PART ONE – BASIC INFORMATION

Program: 200-Hour 500-Hour (+300-Hour Bridge)

Program Season: 21-Day Intensive (& circle here Summer or Winter) 9-Month Weekends

Legal Name: _____ Nickname: _____

Mailing Address: _____
Street City State Zip

Telephone: _____
Home Cell Work

Email: _____ Website: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone: _____
Home Cell Work

PART TWO – HEALTH INFORMATION

Please describe any physical or mental health 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 presently have or ever feel in the course of a normal day or in practicing yoga. Indicate if you are pregnant or recently gave birth (within the past 18 months). Please attach additional sheets of paper as necessary to provide accurate and complete information as requested here. Please feel free to add any other health-related information you wish to bring to our attention. All of your personal health and medical information will be kept strictly confidential.

Do you or have you ever had any of the following? If so, describe (and add details below).

Condition	Description
Arthritis	Yes/No _____
Back Trouble	Yes/No _____
Epilepsy	Yes/No _____
Eye Problems	Yes/No _____
Diabetes	Yes/No _____
Hearing Problems	Yes/No _____
Heart Trouble	Yes/No _____
Hiatus Hernia	Yes/No _____
High or Low Blood Pressure	Yes/No _____
Migraine Headaches	Yes/No _____
Joint Sprains	Yes/No _____
Joint Dislocations	Yes/No _____
Respiratory Complaints	Yes/No _____
Spine Conditions	Yes/No _____
Other Health Conditions (describe)	Yes/No _____

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? Please indicate how often you attend a class, practice at home, with friends, etc. _____

4. Please list the name(s) of your current yoga teacher(s). _____

5. What yoga teachers have most influenced your practice? Please briefly summarize their influence on your practice. _____

6. List yoga workshops you have attended in the last three years. Please give approximate date, venue and instruction. (Continue on a separate sheet if necessary.) _____

7. List titles and authors of yoga books you have read (continue on a separate sheet if necessary).

8. Have you previously participated in a yoga teacher training program? If so, please indicate when, where and with whom as the principal instructor(s).

9. Do you currently teach yoga? If so, please indicate dates, location and style.

10. What first motivated you to practice yoga?

11. Why do you practice yoga now? _____

12. 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 goals in this program? _____

PART FOUR – DECLARATION

I have read and understand this entire application and the terms and conditions covered in the complete Yoga Teacher Training and In-Depth Studies Program description. The facts set forth in this application are, to the best of my knowledge, true and complete.

Signature: _____ Date: _____

Please send or deliver your completed Application for Admission along with your \$100 deposit to:

Mark Stephens Yoga
1010 Fair Ave., Suite E
Santa Cruz, CA 95060

Should you have any questions, please call (888) 594-9642 or email Mark Stephens:
mark@markstephensyoga.com.