

# HeartWork Yoga Teacher Training School 200 Hour Teacher Training Certification Program Application



**Send this application to:**

HeartWork Yoga Studio, Teacher Training Program  
Attn: Amy Etzell  
101 West 5<sup>th</sup> Street, #1  
Northfield, MN 55057

You may also fill out the information in a word document and email it to:  
[amy@heartworkyoga.com](mailto:amy@heartworkyoga.com)

Include your payment with your application. A minimum deposit of \$400 is needed to reserve your space. We will notify you of our receipt of your application by email. If you do not hear from us you may check on your application by calling 507-649-0898 or by emailing [amy@heartworkyoga.com](mailto:amy@heartworkyoga.com).

The cost of the 200 hour program is \$2,590. There is a non-refundable \$400 deposit due at the time of registration. If the balance is paid in full by the first day of class you will receive a \$200 discount. You may also pay 8 monthly payments of \$274 (after the \$400 deposit). We accept check, cash, or credit cards for payment. Currently there are no scholarships available.

Note the method you would like to pay in: \_\_\_\_\_

Class applying for:

\_\_\_\_\_ September 2008 start (meeting in September, October, November, January, February, March, April, and May)

\_\_\_\_\_ February 2009 start (meeting in February, March, April, May, September, October, November, and January)

\_\_\_\_\_ September 2009 start (meeting in September, October, November, January, February, March, April, and May)

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Emergency Contact Information:

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

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Please describe yourself and your history with yoga:

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Why have you decided to take this teacher training program? \_\_\_\_\_

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How did you get started practicing yoga? \_\_\_\_\_

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Do you currently teach yoga? If yes, what style and in what environment?

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How has yoga affected or changed your life? \_\_\_\_\_

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If you are planning on teaching yoga, what other interests/life experiences do you have that will contribute to your teaching? \_\_\_\_\_

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What are your expectations and what do you hope to gain from this experience?

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Is this your first teacher training? If no, please list your prior teacher trainings:

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**Medical History:**

Please complete the medical history section below so that we can be aware of special needs you may have.

How would you evaluate your current health?

\_\_\_\_ Excellent

\_\_\_\_ Fair

\_\_\_\_ Good

\_\_\_\_ Some Challenges: (briefly describe):

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Do you suffer from any chronic conditions? \_\_\_\_\_

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Are you currently or during the last two years have you been under the care of a physician or mental health care professional?

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Is there anything we should be aware of on a health standpoint about you?

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Do you have any conditions where you must alter your yoga practice to accommodate your needs? (High blood pressure, diabetes, obesity, heart problems, eye conditions, etc): \_\_\_\_\_

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*I understand that participation in this activity is completely voluntary. I hereby waive and release HeartWork Studio, its teachers and staff of any liability in case of an accident.*

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