
APPLICATION INSTRUCTIONS

Application Deadlines

To process your application, please send your complete application no later than two weeks prior to the program start date. However, enrollment is limited, so we recommend that you submit your application as soon as possible. We may accept last minute applications only if there is space in the program.

Be sure to complete the following documents when submitting your application:

200-hour Teacher Training program application requirements:

- Primary Application
- Payment Information & Waiver
- Recommendation Form - *The recommendation form can be approved by either a teacher you are currently studying with or by a Tribal Yoga instructor.*

→ **To reserve your place in the training, you must submit the complete application, be admitted and pay a minimum \$500 deposit. If including a check, please make payable to "Tribal Yoga". We will not cash your check or charge your credit card until we confirm with you that you have been accepted to the program. The payment can also be submitted at a later date after acceptance but your space will not be held until it has been paid.**

Submit your application by email at amber@tribalyogahr.com or by mail or in person at the studio. 1451 Merchant Lane, Hampton VA 23666

Feel free to contact us with any questions or concerns at amber@tribalyogahr.com or (757)915-6246.



TEACHER TRAINING PROGRAMS

200-HOUR TEACHER TRAINING APPLICATION

Personal Information

Name _____ Today's Date (M/D/YYYY) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

How did you first learn about the our Teacher Training program?

- | | |
|---|---|
| <input type="checkbox"/> I practice at: | <input type="checkbox"/> I was referred by: _____ |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Friend |
| <input type="checkbox"/> My yoga teacher recommended it | <input type="checkbox"/> Facebook Ad |
| | <input type="checkbox"/> Other: _____ |

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program.

1. **How would you evaluate your current health?**

- Excellent
- Good
- Fair
- Some challenges (Briefly describe) _____

2. **Please let us know if you have any injuries that may affect your ability to fully participate in the training**

3. **Please list any medical conditions that may affect your ability to fully participate in the training**

4. **Have you had any surgeries in the last year? If the answer is yes, please explain**

5. **Is there anything else we should know about your medical history?**

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1. **How long have you been practicing yoga?** _____
2. **How many days per week do you practice yoga?** _____
3. **What style of yoga do you usually practice?** _____
4. **At which yoga studios do you currently practice?** _____
5. **Do you have a home practice?** Yes No
6. **Who have been your primary teachers, both past and present?** _____
7. **Do you practice meditation and/or pranayama?** Yes No
8. **What area of yoga challenges you the most? (Please specify)**

9. **Do you practice inversions?** Yes No
10. **Do you practice Surya Namaskar (Sun Salutation) A & B?** Yes No
11. **Do you practice chaturanga** Yes No
12. **Is this your first training?**
 Yes
 No **If no, please list prior trainings:** _____
13. **Are you currently teaching yoga?**
 No
 Yes. **If yes, for how many years have you been teaching? Where do you currently teach?**

14. **In your opinion, what qualities embody a good yoga teacher? Why?**

TEACHER TRAINING PROGRAMS

15. Why do you want to take a Teacher Training program?

16. What is your intention for this training? What do you hope to achieve at the completion of the program?

RECOMMENDATION FORM

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga. **You can also have this form signed off by a Tribal Yoga Teacher Trainer at our Free Information Session.**

Applicant Information

Applicant's Name _____

Recommending Teacher Information

To the recommending Teacher:

The candidate above is applying for the Tribal Yoga Vinyasa 200-hour Teacher Training program which includes a vigorous two-hour asana practice.

Recommending Teacher's Name _____

Teacher's Phone Number _____

Teacher's Email _____

Is this student consistent in his/her practice? Yes No

Can this student straighten the arms in Downward Facing Dog? Yes No

Does this student practice inversions? Yes No

1. Briefly describe how long and in what capacity have you known the applicant?

2. Briefly describe if you would recommend this applicant for Tribal Yoga 200-hour Teacher Training program? Why or why not?

3. Please indicate your overall endorsement of the applicant.

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommending Teacher's Signature _____

Date (M/D/YYYY): _____



TEACHER TRAINING PROGRAMS

ASSUMPTION OF RISK, HEALTH WARRANTY, AND RELEASE AND WAIVER OF LIABILITY

Yoga is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of the Tribal Yoga Vinyasa 200-Hour Teacher Training Program. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise.

I acknowledge that participation in the Tribal Yoga 200-Hour Teacher Training Program naturally involves the risk of injury to me. I further acknowledge that specific risks include injuries resulting from over-exertion, physical adjustment, improper or negligent use of equipment, failure to follow trainer instructions, or injuries resulting from participation in an inappropriate level of physical exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, have the necessary current medical approval to engage in physical exercise and yoga instructional classes and teacher training and have no disability, impairment, injury, disease or ailment which would cause risk of injury or adverse health consequences as a result of engaging in physical exercise and yoga instructional classes and teacher training. I acknowledge that Tribal Yoga LLC ("Tribal Yoga") are relying on this representation and I understand that Tribal Yoga will not investigate or certify my health or my fitness to participate in physical exercise and yoga instructional classes and teacher training.

RELEASE AND WAIVER OF LIABILITY: In consideration for my participation in the Tribal Yoga Vinyasa 200-Hour Teacher Training Program, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless Tribal Yoga and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents (collectively, the "Releasees") from all actions, claims, demands, suits, losses, liabilities, charges, expenses (including, without limitation, attorneys' fees), and costs of any nature whatsoever which may arise out of, relate to, or result from, any injury, economic loss or any damage to me or my guest or relatives resulting from my participation in physical exercise and yoga instructional classes and teacher training at the Facilities, entry to or use of the equipment, facilities or services at the Facilities, the negligence of Tribal Yoga, anyone at Tribal Yoga or anyone using the Facilities or Tribal Yoga's equipment, facilities or services, except such as may arise out of the gross negligence or willful misconduct of the Releasees. This release and waiver of liability (this "Release") is intended to be a complete release of any responsibility for personal injuries and/or property loss/damage sustained by me while at the Facilities, whether using exercise equipment, participating in active or passive exercise, or not. I understand that this Release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to the facility where I am taking my training and that if any portion of this Release is held invalid, I agree that the balance of this Release should continue in full force and effect.

Dated: _____

[Signature]

[Print Name]