



Brahmrishi Yoga at Vision Yoga and Wellness

Teacher Training Registration Form

Registration Deadline: September 1st

Registering for: 200 hr Teacher Training Fall 2016

Mail to: Caressa Joyce at 1861 W. 25th St. Cleveland, OH 44113

\$500 Deposit made payable to: 7 Senses Yoga

Name: _____ Date of Birth: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone(s): _____

Referred by: _____

Emergency Contact Information

Name: _____ Phone: _____

Current Yoga Practice (taking classes, home practice, videos):

How long have you been studying and practicing yoga? (Please mention any teachers or workshops)

Please share your motivation for wanting to take the teacher training:

What is your current occupation? _____

What training, experience, or interests do you have that you might draw on as a yoga teacher?

Check the area(s) of most interest to you in this training:

Learning asanas (alignment, etc.)

Meditation Techniques

Pranayama (breath work)

Business (marketing/ethics)

Anatomy/Physiology

Yoga History/ Philosophy

Increase general knowledge

Teaching Diverse Population

Any Health Issues/ Concerns: _____

I understand that participation in this activity is completely voluntary. I hereby waive and release Brahmishi Yoga and Vision Yoga Studio, its employees and instructors of any liability in case of an accident. I know as part of Brahmishi teacher training I may be photographed. I give my consent to use these photos for promotional purposes.

Signature: _____ Date: _____