



Application for YTT Assistant Program



Contact Information

Name: _____
 Address: _____
 Phone: _____
 Alt. Phone: _____
 Email: _____

***If accepted, as a YTT Assistant your contact information is automatically included in the group contact distribution list.

Emergency Contact Information

Name: _____
 Address: _____
 Phone: _____
 Relationship _____

Registration & Health Information (if necessary, please use back of sheet)

1. What is your interest in practicing Yoga:

_____ Stress Management	_____ Mental Clarity
_____ Spiritual Growth	_____ Overall Well-Being
_____ Confidence	_____ Flexibility
_____ Weight Management	_____ Strength
_____ Other Reasons: please indicate _____	
_____ Managing a particular illness: please indicate _____	

Additional details:

2. Did you consult a physician prior to applying for the assistant program? **Yes / No**

3. Are you pregnant or trying to get pregnant? **Yes / No**



Application for YTT Assistant Program



4. Have you any of the following:

- | | |
|---|---|
| <p>_____ Low Blood Pressure</p> <p>_____ Dizzy Spells / Fainting</p> <p>_____ Neck / Back / Spine Injury</p> <p>_____ Respiratory Problems</p> <p>_____ Digestive Problems</p> <p>_____ Joint Injury (ankle, knee, hip, elbow, shoulder)</p> <p>_____ Muscular Injury</p> <p>_____ Depression</p> <p>_____ Other: please indicate _____</p> | <p>_____ High Blood Pressure</p> <p>_____ Headache / Migraine</p> <p>_____ Seizures</p> <p>_____ Heart / Circulatory Problems</p> <p>_____ Diabetes</p> |
|---|---|

5. Please list all allergies (food, medications, environmental, etc):

6. Please list all medications (prescription, homeopathics, etc):

In a separate document(s), please answer the following questions:

- ☉ Why do you want to assist a 200 hr Hatha Yoga Teacher Training?
- ☉ What is Yoga to you?
- ☉ Tell me about your personal Yoga practice: How long have you been practicing? What does your practice include? What is the frequency? Include anything else you'd like to share.
- ☉ List your teaching experience: types/styles of classes, length of classes, elements included in your classes, and anything else you'd like to share. Please include a "total number of hours" of teaching (approximate is fine).
- ☉ Please include a copy of your 200 hr TTC Completion Certificate with the application.
- ☉ Please include a copy of your Certificate of Insurance.



Application for YTT Assistant Program



Waiver

Asana translates to “yoga posture held with ease”.

It is of the utmost importance to listen to your body, and how far it can safely go in the practices on any given day, remembering that each day is different.

I, _____, recognize that (please read and initial by each checkbox to acknowledge that you have read and understood the waiver items):

- I am over 18 years of age;
- I am responsible for notifying the facilitator (Mona L. Warner) of all illnesses and all injuries before every yoga class;
- I am aware that I should not perform any practice to the extent of strain or pain, and if at any time I feel pain I will move out of the practice;
- I am responsible for monitoring and maintaining my own personal wellness;
- I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages - to person or property - resulting from the assisting of this course;
- I acknowledge that if this form is in anyway incomplete, my application will not be accepted and will be returned.
- I understand that there are only up to two assistant spots available in any scheduled YTT program. Based on this, I am prepared, available, and willing to commit to assist in the following YTT Session:

FALL / SUMMER (circle applicable option(s))

Year: _____ (refers to the year the program starts)

Participant Signature: _____ **Date:** _____