



# Adjustments Training Application

Thank you for taking the time to fill out this form completely. Your answers will help us create the best possible program for you.

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age\_\_\_

Male\_\_\_ Female\_\_\_ Address \_\_\_\_\_

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

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

Phone # (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Illnesses: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_

## Emergency Contact Information:

Name	Relationship	Phone
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\_\_\_\_\_  
Signature of Applicant (Also parent/guardian if under 18)      \_\_\_\_\_  
Date

**You will receive an email of acceptance once your application has been reviewed.**

**We look forward to working with you on this insightful, skill building training!**

- 1) Are you a certified yoga teacher? If so, when and where did you complete your training and at what level are you certified?

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- 2) Are you currently teaching yoga? If so, how frequently, where? How long have you been teaching?
  
- 3) Please describe your lineage/style in teaching Yogasana. What level and class description do you feel most inspired by in teaching?
  
- 4) Please describe with some detail your personal yoga practice- including how long, what style(s) you practice, your primary teachers, and the frequency of your at home practice.
  
- 5) Please describe what you hope to attain by your participation in this training:
  - a) A deepening of my understanding and level of sensitivity in the art and act of touching/adjusting.
  - b) A more thorough understanding of action and direction and roles of stability and mobility amongst the various parts of the body in yogasana- to increase my physiological awareness.
  - c) A sense of becoming keen in observational skills of both gross and subtle anatomy and the patterns of life force energy inherent in our human form.
  - d) An improvement in my conveyance of the art of Yoga through words in a succinct, effectual and inspiring way.
  - e) All of the above :)
  - f) Other \_\_\_\_\_
  
- 6) Please list any specific asana that you've questions regarding and would like to see specifically included in the training.
  
- 7) Please describe any health conditions you may have that could affect your practice – this can include previous injuries, medical conditions, psychological issues, and current medications.