



with Lori McCormick

## Teacher Training Program Application Form

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

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  Full-Time  Part-Time  NA

Please include work hours (if applicable): \_\_\_\_\_

Do you practice a specific religion ...? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Physical & Emotional Health

**ALL medically related information is kept completely confidential.** (Any difficult times you have gone through may actually be helpful to your students who have their own difficulties.)

List any major illnesses, surgeries, injuries. (How long ago? Is it something you're currently managing?): \_\_\_\_\_

Do you have a history of... (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> depression    | <input type="checkbox"/> personality disorder                  | <input type="checkbox"/> eating disorders (anorexia, bulimia) |
| <input type="checkbox"/> bipolar       | <input type="checkbox"/> PTSD (post traumatic stress disorder) | <input type="checkbox"/> OCD (obsessive compulsive disorder)  |
| <input type="checkbox"/> schizophrenia | <input type="checkbox"/> anxiety disorder or phobias           | <input type="checkbox"/> other _____                          |

Please elaborate: \_\_\_\_\_

Do you have a history of - (or have you experienced)....

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> alcohol abuse or addiction | <input type="checkbox"/> impulse control issues      | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> recreational drug use      | <input type="checkbox"/> violence                    | _____                                |
| <input type="checkbox"/> prescription drug abuse    | <input type="checkbox"/> physical or emotional abuse | _____                                |

Please elaborate. (Are you currently in therapy or treatment...?): \_\_\_\_\_

List any prescription or recreational drugs that you are currently using (and for what condition) or have used in the past. \_\_\_\_\_

Are you a smoker...?  Yes  No .... Or How long have you been smoke-free...? \_\_\_\_\_

## Yoga Experience

How long have you been practicing yoga (- and what styles specifically)...? List any previous teachers and where you have studied or practiced yoga in the past. \_\_\_\_\_

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How often do you practice and where...? \_\_\_\_\_

Do you practice at home...?  No.  Yes. (how often?) \_\_\_\_\_

Do you practice meditation...?  No.  Yes. (how often?) \_\_\_\_\_

Why do you practice yoga...? \_\_\_\_\_

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## About Teaching *(there are no right/wrong answers)*

What are your personal and/or professional goals for this teacher training program...? \_\_\_\_\_

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Is it your intention to actually teach yoga...?  Yes. ASAP.  Yes. Eventually. (When...? \_\_\_\_\_)

No. I just want to learn more about yoga.  Undecided at this time.

Are you currently teaching yoga...? If so, where and how often...? \_\_\_\_\_

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In your opinion, what do you feel the role of a yoga teacher is...? \_\_\_\_\_

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How has yoga influenced your life (why do you practice)...? \_\_\_\_\_

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Have you participated in any other yoga teacher programs (include approximate hours), special workshops, or practice intensives...? List your previous education and relevant training experiences (both yoga and other related fields that may be relevant). Please be specific as this may help us plan the upcoming session. \_\_\_\_\_

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List any other interesting things you would like us to know about you (include hobbies, interests, etc.) – or do you have any concerns...? \_\_\_\_\_

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How did you find out about our program...? \_\_\_\_\_

Have you taken any classes with Lori (yet)...?  No, but plan to ASAP.  Yes. (Approx. how many classes \_\_\_\_\_?)



**Please read and initial that you understand and accept the following:**

- \_\_\_\_\_ I understand that once the program starts, there are **NO REFUNDS**, nor is the fee transferable to another person.
- \_\_\_\_\_ I understand that **NO REFUNDS** will be made for no-shows or for early departures from the program.
- \_\_\_\_\_ If medical or a life/death emergency prevents me from completing my training, special consideration and/or arrangements may be made for me to complete the program. *(Medical records or other proof will be required.)*
- \_\_\_\_\_ I understand that FYS and Lori McCormick reserve the right to ask me to leave the program if my behavior is inappropriate, disruptive, negatively impacts other students learning, or violates FYS and Yoga Alliance's ethical guidelines. In these highly unusual circumstances, I understand I will NOT be refunded the portion of fees unused.
- \_\_\_\_\_ I understand that all FYS teacher training materials are under copyright protection and **cannot** be reproduced without the permission of the author. Failure to comply may result in legal action.
- \_\_\_\_\_ I understand that there are additional costs associated with the required reading material. *(To save money, most books can be purchased used from Half.com or Amazon.com. We may also have a copy available for lending from the Lending Library at FYS. These books will be beneficial reference tools for you in the future.)*
- \_\_\_\_\_ I understand that training dates may occasionally be cancelled or be rescheduled. *(More time is reserved than actually needed to allow for this.)*
- \_\_\_\_\_ I understand that if I need to miss any of the training sessions, it is my responsibility to make up the missed hours.
- \_\_\_\_\_ I agree to communicate privately with Lori McCormick if I am experiencing an issue that prevents me from participating fully in the program. *(Such as physical injury that might affect my ability to practice, emotional issue that affect my ability to be fully present, or home life issues that would affect my mindfulness and/or concentration.)*
- \_\_\_\_\_ I agree to respect the privacy of the yoga space and of my peers by keeping information, conversations, and issues confidential and within the spectrum of our training program.
- \_\_\_\_\_ I understand that I will need to sign a release of liability waiver before I'm fully accepted into the program.
- \_\_\_\_\_ I understand that a Certificate of Completion will ONLY be issued if my tuition is PAID IN FULL – **AND** I pass the final exam, turn in the required homework by the due-date *(extension option may be available)*, that I fully participate in the program, and with Lori McCormick's approval *(can demonstrate that you're ready to teach)*.

The information I have provided in this application form is complete and accurate. Furthermore, ***I have read, understand, and fully accept the tuition refund policy as outlined above.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Please forward this form along with your deposit to:

Fusion Yoga Studio Sacramento, Inc.  
1620 Executive Court  
Sacramento, CA 95864

Questions / Concerns...? Please call Lori at (916) 600-6557 or email [FrontDesk@FusionYogaSac.com](mailto:FrontDesk@FusionYogaSac.com)

**BE SURE TO MAKE A COPY OF THIS SIGNED AGREEMENT FOR YOUR RECORDS.**