



OSHKOSH YMCA YOGA TEACHER TRAINING APPLICATION

Full Name: _____ **Date:** _____

Date of birth: Date: _____

Email: _____ **Phone number: (____) ____-____**

Occupation: _____

Education: _____

Do you have reliable internet access? Yes ___ No ___

Have you ever been convicted of a felony? No ___ If yes, please explain:

Do you have any current physical health challenges? No ___ If yes, please describe. If yes, in what ways are you receiving support?

Do you have any current mental or emotional health challenges? No ___ If yes, please describe. If yes, in what ways are you receiving support?

Do you have any current learning or communication challenges? No ___ If yes, please describe. If yes, in what ways are you receiving support?

**How long have you been practicing yoga? Please describe your current practice.
3-5 years of yoga experience is required, exceptions made on a case by case basis.**

What do you care about and what motivates you?

What do you hope will happen as a result of this program?

This is a high-value, high touch experience that requires:

1). Time commitment: 10-15 hrs per week

2). Financial commitment: \$2000

This is an investment in yourself, therefore the return is high. Are you willing and able to make these commitments? Yes ___ No ___

Payment plans are available on a case-by-case basis. Payments are non-refundable; please commit with confidence. Financial assistance is not currently available for this program.

Office Use:

- ☐ **Y Waiver**
- ☐ **Getting Started Details & Disclaimer**
- ☐ **Book a Clarity Call**
- ☐ **Enroll**