GURUV YOGA TEACHER TRAINING

Ethical Guidelines / Moral Responsibilities

1. Uphold the integrity of my vocation by conducting myself in a professional and conscientious manner.

2. Acknowledge the limitations of my skills and scope of practice and where appropriate, refer students to seek alternative instruction, advice, treatment, or direction.

3. Create and maintain a safe, clean, and comfortable environment for the practice of yoga.

4. Encourage diversity actively by respecting all students regardless of age, physical limitations, race, creed, gender, ethnicity, religion affiliation, or sexual orientation.

5. Respect the rights, dignity, and privacy of all students.

6. Avoid words and actions that constitute sexual harassment.

7. Adhere to the traditional yoga principles as written in the Yamas and Niyamas.

8. Follow all local government and national laws that pertain to my yoga teaching and business.

* taken from yogaalliance.org

GURUV YOGA
APPLICATION for TEACHER TRAINING PROGRAM
200-HOUR CERTIFICATION

Your application must be submitted and approved before submitting your $250 deposit. Please complete and return this application to register for the teacher training program to:

GURUV YOGA / Teacher Training Program
142 W. Lakeview Ave. Suite 1070
Lake Mary, Fl. 32746
or email to info@guruvyoga.com Phone# 407-330-3222
www.guruvyoga.com

PERSONAL INFORMATION:

NAME _____
LAST NAME _____
ADDRESS_____
CITY_____STATE_____ZIP_____
HOME PHONE_____CELL_____
EMAIL _____
OCCUPATION_____
DATE OF BIRTH_____

PROGRAM INFORMATION:

WHEN WOULD YOU LIKE TO BEGIN TRAINING?

_____

HOW DID YOU HEAR ABOUT THE GURUV YOGA TEACHER TRAINING PROGRAM?

_____

PREREQUISITE INFORMATION:

WHAT IS YOUR PREVIOUS EXPERIENCE WITH YOGA?

_____

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HOW LONG HAVE YOU BEEN PRACTICING YOGA AND WHAT STYLE(S)?

DO YOU HAVE A DAILY PRACTICE?

HAVE YOU TAKEN CLASS AT GURUV YOGA?

HAVE YOU TAKEN CLASSES FROM A CERTIFIED YOGA TEACHER FOR ATLEAST 6 MONTHS?

YOGA TEACHING EXPERIENCE:

ARE YOU CURRENTLY TEACHING YOGA?

HOW LONG HAVE YOU BEEN TEACHING?

WHAT TRADITION / STYLE DO YOU TEACH?

HEALTH INFORMATION:

DO YOU HAVE ANY PHYSICAL LIMITATIONS, INJURIES, OR OTHER CONDITIONS THAT MAY PREVENT YOU FROM PARTICIPATING FULLY IN THE PROGRAM? IF YES, PLEASE DESCRIBE:

HAVE YOU HAD ANY RECENT SURGERY THAT MIGHT PREVENT YOU FROM PARTICIPATING?

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY ON SEPARATE PAGES:

1. Please describe your daily yoga practice. Which postures do you typically do? Do you have a meditation practice? Do you read the sutras?
2. What does yoga mean to you? How have your feelings about yoga developed over time?
3. What do you enjoy most about yoga?
4. Why do you want to become a certified yoga teacher?

I understand that the process of teacher training is rigorous and demanding of my time and effort. I understand the practice of yoga is about exploring new boundaries and limits. The study of yoga may involve exploring and discussing different belief systems, which may be different from my own. I understand that this is simply a presentation, not an expectation of any belief system. I understand that there will be time during each session to speak relevant thoughts, questions, feelings and insights. There will be co-listening and conscious communication which provides an opportunity for bonding with other students, nonjudgmental listening, and learning to develop rapport with others. A yoga practice is part of the curriculum for growth. I will monitor what is safe and right for me, and I will commit myself, to the best of my ability, to the teacher training program.

Candidate's Signature

_____

Date: _____