



**International Society of Vedic & Yogic Sciences**

Yogi Sivadas, (+91) 09816150326, (+91) 01892-220699, yogisivadas@gmail.com

**Application for Yoga Teacher Training**

**Kailash Tribal School (Yoga and Holistic Healing)**

[www.yogatribe.org](http://www.yogatribe.org) or [www.kailashtribalschool.org](http://www.kailashtribalschool.org)

Passport Size  
Photograph

**APPLICATION FOR YOGA TEACHER TRAINING**

Namaste and welcome to the Kailash Yoga School and Holistic Healing

\*all information will be treated strictly as confidential and not forwarded to any 3rd party.\*

**Personal Information**

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

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

Phone No \_\_\_\_\_ DOB: \_\_\_\_\_ Passport or ID No. \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

**Yoga related information**

How long have you been studying/practicing yoga?

\_\_\_\_\_

\_\_\_\_\_

Styles/Types of yoga practiced:

\_\_\_\_\_

Previous courses/YTT/:

\_\_\_\_\_

What other courses (meditation, pranayama, types of energy healing) have you participated in:

\_\_\_\_\_

**Health questionnaire**

Health history (any significant health issues, broken bones etc):

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from any physical or mental health issues (if so please specify):

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication (if so please specify):

\_\_\_\_\_

\_\_\_\_\_

How did you find out about Kailash Yoga School:

\_\_\_\_\_

\_\_\_\_\_

Have you practiced yoga continuously for the last 6 months:

\_\_\_\_\_

Can you commit to attending all sessions of the YTT program for the duration of the YTT: \_\_\_\_\_

I did read and understood the ethical guidelines and refund policy of the Kailash Yoga School \_\_\_\_\_

I take the responsibilities of my activities during the course \_\_\_\_\_

Please specify the dates of the course you choose to do \_\_\_\_\_

Date \_\_\_\_\_

Applicants signature