

**PIEDMONT YOGA STUDIO  
ADVANCED TRAINING PROGRAM ADMISSION APPLICATION**

**PERSONAL INFORMATION**

**Contact Information**

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

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

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

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

Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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Please attach a recent photograph of yourself. It will help us get a better "picture" of who you are.

**Medical Information**

1. List any prescribed medications you're taking or significant medical treatment you're currently undergoing:

\_\_\_\_\_

\_\_\_\_\_

2. Is there anything we should know about your health, such as high or low blood pressure, diabetes or low blood sugar, epilepsy, heart problems, depression or anxiety, neck, back, shoulder, wrist or knee injuries?

\_\_\_\_\_

\_\_\_\_\_

**Note on pregnancy:** *If you become pregnant after the start of the program, please let us know right away.*

**Yoga History**

1. Years/months of practice: \_\_\_\_\_ / \_\_\_\_\_ Primary style of Yoga: \_\_\_\_\_

2. Briefly describe a typical week's practice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Primary teacher(s):

Name of teacher	Style of Yoga	Years/Months studied	Contact information
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4. Prior training(s), if any:

Name of program	Style of Yoga	Length of training	Certification earned (if any)
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5. Teaching experience, if any:

Location	Begin (month/year)	End (month/year)
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6. Why are you interested in this program? What are your short- and long-term goals? (Complete your answer on the back of this sheet if necessary).

7. What is Yoga? (Complete your answer on the back of this sheet if necessary).

**FACULTY MEMBER'S APPROVAL**

Before we can accept you into the Advanced Training Program, you must attend at least one class (and preferably more) with a member of the PYS advanced training faculty. If this is your first class with the teacher, be sure to introduce yourself to him/her before class begins, and tell him/her that you're there for training evaluation. Give this form to the teacher after class for his/her approval. For faculty members' schedule at PYS, go to our website (and see the website listed after the faculty member's name for a schedule of any of his/her classes not taught at PYS). If you live outside of the Bay Area, please give us the name of the teacher you are studying with and a phone number where they can be contacted.

**Training Faculty**

Baxter Bell  
Vickie Russell Bell  
Ann Dyer  
Mary Paffard  
Richard Rosen

**For schedule outside of PYS see:**

[www.bellyoga.info](http://www.bellyoga.info)  
[www.anndyeryoga.com](http://www.anndyeryoga.com)  
[www.maryyoga.com](http://www.maryyoga.com)  
[www.homagetotheshource.com](http://www.homagetotheshource.com)

This is to verify that I have attended a class with a member of the advanced training faculty.

Date/time/level of class: \_\_\_\_\_

Student name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Teacher Signature: \_\_\_\_\_

**ADMISSION APPLICATION DEADLINE**

This form must be returned with your completed application, along with a \$25 non-refundable deposit, in our hands no later than **June 30, 2008**. Be sure to complete all pages. We'll consider late applications only if space is available. Please don't leave your application at PYS. Mail it to:

Piedmont Yoga Studio  
ATTN: Advanced Training Manager  
PO Box 11458  
Oakland, CA 94611