

**Enrollment form
200 / 300 HOURS YOGA TEACHER TRAINING**

Lead Teacher: Yogi Sivadas /Kailash Tribal School
Assisting Teacher: Eric Winkelmann /Freistilyoga Berlin

Thank you for your interest in our teacher training programme. We’re looking forward to dive into Yoga with you. Please fill out the following form and send it back via mail. All information will be treated confidentially.

**Which course do you want to join?**

**Personal matters**

Name:
Date of Birth:

Address:
Phone:
Email:
Emergency contact:

**Yogic matters**

 **How long have you been practicing Yoga?**

**What styles of Yoga did you practice?**

**What are your experiences with meditation?**

**Did you regularly practice yoga in the last 2 years?**

**Tell us about your motivation to become a yoga teacher / or to join the training.**

**How did you find out about our training?Health related**

Please tick any of the following conditions that apply:

Back (spinal) surgery/ injury
Knee surgery/injury
High blood pressure
Pregnant
Heart condition
Low blood pressure
Respiratory condition
Recent surgery
Seizures
Recent injuries
Diabetic

Stress
Please state any other conditions or medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much and see you soon!