

**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!