

## **Enrollment form 200 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 YTT course do you want to join? (Winter / Summer 2019)**

### **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. We'll see you in January!