



**Explain your intentions and goals around enrolling in this program:**

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**Medical History -Please include chronic limitations, psychiatric conditions, hospitalizations, surgeries, treatments, medications (please attach a sheet with any additional information)...**

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**Exercise/Fitness: How often do you practice yoga? What styles? In what other ways do you enhance physical function?**

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**In the event of emergency, please give the name and number of two contacts:**

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## PROGRAM RELEASE FORM

I fully understand that this training is educational, and that I am solely responsible for my health, safety and well-being while participating. I agree that I will inform my instructor of any activity which I cannot safely perform, and that I will not perform any activity which I feel is likely to cause me to injure myself. I agree to hold the instructor and studio harmless from any and all responsibility for any injury which I may sustain during or as a result of this training. If I am under any physicians' or therapists' care at this time, I have received permission from them to attend this training. I affirm that the information I have provided is accurate. I understand that my certification is contingent upon successful completion of 180 Contact Hours, 22 Non-Contact Hours, a written examination, all educational modules and a comprehensively taught practicum.

Name of Program: CrossRoads 200 Hour Hatha Yoga Teacher Training

Date: \_\_\_\_\_

Name of Director of Training: Crystal Sullivan, PT, E-RYT

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

Your Signature: \_\_\_\_\_

### **CROSSROADS YOGA TEACHER TRAINING CODE OF ETHICS**

I will strive to.....

- ~Conduct myself in a professional and conscientious manner.
- ~Acknowledge the limitations of my skills and scope of practice and where appropriate, refer students to seek alternative instruction, advice, treatment or direction.
- ~Create and maintain a safe, clean and comfortable environment for the practice of Yoga.
- ~Encourage diversity by respecting all students regardless of age, physical limitations, race, creed, gender, ethnicity, religion or sexual orientation.
- ~Respect the rights, dignity, privacy and boundaries of all students.
- ~Avoid words and actions that constitute sexual harassment.
- ~Adhere to the traditional Yoga principles as written in the Yamas and Niyamas and constantly seek new opportunities to grow and develop on all levels.
- ~Follow all local government and national laws that pertain to my Yoga teaching and business.

By signing below, I acknowledge the information I have provided to be accurate and truthful. I agree to and accept all requirements, conditions and agreements expressed.

Signature \_\_\_\_\_ Date \_\_\_\_\_