



*Sembrando Semillas con Yoga*

Application Form  
Yoga Teacher Training 200 hours



**PERSONAL INFORMATION**

Surname ..... First name .....

Date of Birth ..... Day ..... Month ..... Year

Age .....

Sex    Male    Female

Marital status    Married    Single

City/State/Country or

Birth .....

Nationality .....

Passport No .....

Knowledge of English Fluent Average Poor.....

The dates you are applying for the yoga retreat?.....

**ADDRESS**

Permanent Address .....

Phone .....

email .....

**YOGA EXPERIENCE**

**Yoga Training**

Institutions .....

Courses .....

Duration .....

**Yoga Teaching**

Duration .....

Location .....

Country .....

**Ashram Life or Yoga/Meditation Retreat**

Duration .....

Location .....

**Spiritual Tradition**

Tradition .....

Guru's name .....

Spiritual name .....

Initiation date .....

## ALIMENTATION

*At the retreat simple vegetarian food is served.*

*Please list any food items that you can not eat .....*

*Food Allergies or Intolerances.....*

## PERSONAL NOTE

*Mother or Father's name and address*

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*in case of emergency please notify the following person (include name, phone no., email and relationship)*

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## MEDICAL HISTORY

*Do you suffer from any illness or any symptoms? If yes, provide details.*

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*Do you have or have you ever had any mental disorder? If yes, provide details.*

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*Do you have any addictions? If yes, provide details.*

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*Do you currently need any medication? If yes, provide details*

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## PERSONAL QUESTIONS

*Occupation \_\_\_\_\_ Hours of work per week \_\_\_\_\_*

*Please list your main health*

*Concerns \_\_\_\_\_*

\_\_\_\_\_

\_\_\_\_\_

*Others concerns? \_\_\_\_\_*

*At what point in your life did you feel*

*best? \_\_\_\_\_*

Do you sleep well? \_\_\_\_\_ How many hours \_\_\_\_\_

Allergies or sensitivities?

Please explain \_\_\_\_\_

Any healing therapies, helpers or therapies with which you are involved

Please explain \_\_\_\_\_

Will your family and /or friends be supportive of your desire to make food/ or life style changes? Explain \_\_\_\_\_

Do you crave sugar, coffee, cigarettes, or have any major addictions? \_\_\_\_\_

\_\_\_\_\_

How is your mood? Generally, please

explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO you consider yourself a compassionate

person? \_\_\_\_\_

\_\_\_\_\_

Do you help the ones in need of you? Or are you indifferent to them? \_\_\_\_\_

\_\_\_\_\_

What are your

motivations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*How do you see your self in 5 years*

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*Do you consider your self a mature person?*

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*Do you judge people easily*

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*How are you in a group setting? Do you contribute to do better group dynamic?*

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*How was your childhood and youth?*

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*How is or was your relationship with your parents?*

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*What would you like to change about your life, regarding your relationships, education, carácter etc*

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*How did you find out the Yoga schoo?*

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*Anything else you want to share?*

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**Payments**

A \$450 deposit per person is required to secure your reservation. Full payment is due 60 days prior to the start date of the program. If you sign up for a program less than 60-days away, full payment is due at sign up.

If you would like to set up a payment plan, please email [info@sembrandosemillasconyoga.org](mailto:info@sembrandosemillasconyoga.org)

Payment deposit to:

Paypal name account: **sembrandosemillasconyoga@hotmail.com**

**DECLARATION**

I ....., hereby declare that the information given in this application is true and accurate to the best of my knowledge. Sembrando Semillas con Yoga has the right to change and/or reverse any decision made on the basis of incorrect or incomplete information.

I further understand that I need to have my own insurance as Sembrando Semillas con Yoga will not be responsible for any accidents which may occur during the time of your stay.

Furthermore, I understand that the reservation payment is not refundable less than 30 days before the course, I agree that eventual refunding of the reservation payment is only done by 50 % of the total amount.

Date ..... Signature of applicant .....

**DISCLAIMER**

I take full responsibility for my behavior, my inner experience, my health, my mental condition and my interaction with others during the course, and according to the usual procedure I release the organization Sembrando Semillas con Yoga, the responsible teachers and other included parties from any liability claim.

Signature

Date

