



Urban Breath Yoga
Become a Yoga Teacher
200-hour Yoga Teacher Training
with Dr. Jaime Sanchez

Name _____

Address: _____

Phone # _____ Work #: _____

Cell# _____

E-mail: _____

• Start Date of course applying for _____

• Explain your reasons for taking this training: _____

• How did you hear about this training: internet, friend, ad, etc?

• How long have you been practicing yoga? Which styles of yoga?

• Do you practice meditation regularly? Yes No

• Do you have any comments, questions, concerns or information about attending this training?

Medical Questionnaire

Please complete this medical form. All responses are strictly confidential. We use this information only to better assist you during your participation in the program, it is not intend to screen participants nor share any information, unless participation would be medically inadvisable.

Date of birth: _____

• Please, describe your current health condition in general: _____

• Describe any history of lower back/neck/spine problems. Include dates. Please indicate whether they still give you problems.

• Describe any history of joint problems: knee, hip, shoulder, etc. Please include any surgery or replacements and their dates:

• Do you have any history of cardiovascular problems? Yes No

• How is your blood pressure: High / Low / Normal. When was it last checked? _____

• Are you taking blood pressure medication? _____

• Do you have any of the following difficulties? (circle any)

Allergies / Asthma / Cancer / Chronic Headaches / Diabetes / Dizziness

Osteoporosis / Seizures / Stroke / Ulcers.

• Do you have any other problem or limitation, health concerns or dietary restrictions?

• Are you currently seeing a therapist or physician for any psychological or physical condition?

Explain: _____

• Are you currently taking any medication for any psychological or physical condition?

Explain: _____

• Women: Are you pregnant? If so, how many months? _____

• Do you have any learning disabilities or other physical or psychological conditions? If so, please tell us how can we better serve you during the training.

Students who make a sincere effort and prepare adequately receive certification and the opportunity to affiliate with Yoga Alliance.

Please note:

- The total course cost if paid in full by start date is \$2100. With payment plan additional fees apply.
- There is a non-refundable registration fee of \$200.00 required when you submit your registration . Your registration is not complete we have received your deposit.
- You may be asked to complete a phone or in-person interview before acceptance into the program.
- Payment in full of additional \$1,900 is due before beginning the course unless a payment plan through Urban Breath Yoga has been arranged.
- The final exam is included in the cost of the course however your registration with Yoga Alliance is separate and does require additional fees.

I hereby certify that I understand and agree with the above information and that I have read and agree to the financial terms and conditions listed in this application.

Date: _____

Participant's name (please print.) _____

Participant's signature: _____

Please send your application to and make checks payable to:

Urban Breath Yoga
1220 Tamm Ave
St Louis MO 63139