



## Forrest Yoga Mentorship Program Registration Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

CELLULAR: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

WHO CAN WE CALL IN CASE OF EMERGENCY? \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TEACHER TRAINING COURSE LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOUR SIGNATURE WILL INDICATE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE REQUIREMENTS FOR THE FORREST YOGA MENTORSHIP PROGRAM. (see below)**

### FORREST YOGA MENTORSHIP PROGRAM REQUIREMENTS:

1. You must have successfully completed a Forrest Yoga Teacher Training Foundation Course.
2. You must participate 100% in all Mentorship workshops and bridge calls to complete the program.
3. You must be actively working toward completing your certification homework and satisfying all certification requirements.
4. You must be a member in good standing in Forrest Yoga's Hoop of the Teachers. (for more information contact the Forrest Yoga teacher liaison at info@forrestyoga.com)

### REGISTRATION QUESTIONS (Please be as specific as possible. Answers must be typed on a separate sheet(s) of paper. On each page please include page number, date and your initials at the bottom):

1. What are your expectations for the Mentorship program? What do you hope to gain, learn, or work on?
2. Tell us about your physical health (major illnesses, surgeries, any injuries or physical conditions we should know about?) Indicate if your condition may result in early withdrawal from the course when you contact the host studio.
3. Are you pregnant, think you may be pregnant, or planning to get pregnant during this Mentorship Program?
4. Tell us about your emotional and mental health (previous or current therapy, type, length of time, eating disorders, bouts of depression, addictive behavior, etc.) Note: Please understand that any difficult times you have gone through and the healing road you've walked will be a bonus to your students.
5. Are you currently taking any medications? If yes, please describe.
6. Have you ever been physically, sexually, or emotionally abused or assaulted? Have you had any experience with violent behavior? If so, please describe.
7. Tell us about your diet, health, and exercise practices and beliefs.
8. List any other interesting things you think we should know about you.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Registration form and full program fee are submitted to your Mentor prior to commencement of the program. If you are paying by check, make your check payable to your Mentor.**