

FORREST YOGA MENTORSHIP PROGRAM

Registration Form

version 1.0 September 2010



Mossy Knolls, Inc.
35702 NE 80th Street,
Carnation, WA 98014
www.forrestyoga.com
info@forrestyoga.com

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 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 our Forrest Yoga representative at info@forrestyoga.com)

To attend the Forrest Yoga Mentorship Program (**FYMP** or **Program**), please submit the following to your selected Guardian:

- this Forrest Yoga Mentorship Program Registration Form, duly completed
- the Forrest Yoga Attendance Policy for Mentees (*version 1.0 September 2010*), duly initialed
- payment of the full Program fee or the relevant amount agreed with your Guardian, in case a payment plan is available and you have opted in for such payment plan.

PERSONAL INFORMATION

Name:

Address:

City:

State:

Zip Code:

Country:

Phone (home):

Phone (cell):

Email:

Date of Birth:

Gender:

Occupation:

Emergency Contact:

Emergency Contact Phone:

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TRAINING

☐ **Forrest Yoga Foundation Teacher Training**
in (MM/YY) at , (studio, location)

☐ **Forrest Yoga Advanced Teacher Training**
in (MM/YY) at , (studio, location)

☐ **Forrest Yoga Continued Education for Teachers**
in (MM/YY) at , (studio, location)
in (MM/YY) at , (studio, location)
in (MM/YY) at , (studio, location)

☐ **Forrest Yoga Mentorship Program**
with (Guardian), in (MM/YY)

In case of repeats of any of the trainings above, please indicate below

☐ repeated (training), in (MM/YY) at , (studio, location)
☐ repeated (training), in (MM/YY) at , (studio, location)
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REGISTRATION QUESTIONS

Please be as specific as possible. Answers must be typed.

- 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.
-

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- 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.

BY SIGNING THIS FORM, I CONFIRM THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE. FURTHER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE REQUIREMENTS FOR THE FORREST YOGA MENTORSHIP PROGRAM.

SIGNATURE: _____

DATE: _____