Native Yoga Teacher Training Mentorship Application

RYS Yoga Alliance 200 • 300 • 500-Hour Certification Programs
Native Yoga Center

Thank you for your interest in the Native Yoga Teacher Training Mentorship Program. Please complete this application in full. Once submitted, we will review your application and contact you regarding next steps.

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Program Applying For

☐ RYT 200-Hour Native Yoga Teacher Training Mentorship
☐ RYT 300-Hour Native Yoga Teacher Training Mentorship
☐ RYT 500-Hour Pathway (200 + 300 Combined)

Participation Preference

☐ In-Studio at Native Yoga Center
☐ Livestream
☐ Online / Recorded Sessions
☐ Combination of All Formats

Yoga Background

How long have you been practicing yoga?

What styles of yoga have you practiced?

Do you currently teach yoga?
☐ Yes ☐ No

If yes, please describe your teaching experience:

Current teachers or mentors you have studied with:

Why do you want to take this training?

What do you hope to gain from this mentorship?

Areas of Greatest Interest

(Check all that apply)

☐ Asana Practice
☐ Anatomy & Physiology
☐ Pranayama
☐ Meditation
☐ Yoga Philosophy
☐ Teaching Skills
☐ Sequencing
☐ Hands-On Adjustments
☐ Working with Injuries / Special Populations
☐ Business of Yoga
☐ Ashtanga Yoga
☐ Vinyasa Flow
☐ Gentle Yoga
☐ Yin Yoga

Health & Wellness

Do you have any injuries, medical conditions, or limitations we should be aware of?

Commitment

The Native Yoga Teacher Training Mentorship Programs require personal discipline, consistent practice, study, observation, and timely completion of coursework.

☐ I understand the commitment required and am ready to participate fully.

Tuition Preference

☐ Pay in Full
☐ Payment Plan (Auto-Pay)

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Agreement

I certify that the information provided in this application is accurate and complete. I understand submission of this application does not guarantee acceptance into the program.

Signature: _____

Date: _____

Submit Application

Please return completed application to Native Yoga Center or email to:
_____

For questions or to speak directly with Todd McLaughlin, please contact us.

We look forward to supporting your journey into teaching yoga.