



50-Hour Yoga Fusion Teacher Training 2026

Sweat Hot Yoga

Submit Application with a \$200 Non-refundable deposit

**CONTACT INFORMATION**

FULL NAME:
ADDRESS:
EMAIL:
PHONE:
EMERGENCY CONTACT/Name & NUMBER:
DOB:
OCCUPATION:
ARE YOU A CURRENT YOGA TEACHER? ANY PREVIOUS FITNESS OR YOGA TRAININGS?

## QUESTIONS

Please list all medical conditions, including epilepsy, diabetes, high blood pressure or any physical injuries that may stop you from fully participating in this training?

Do you have any allergies? If so, what?  
Have you undergone surgery over the past two years? If so what for?

Are you currently on any medications?

Are you pregnant?

How long have you been practicing yoga? What styles and where?

How often do you currently practice hot, warm, or non-heated yoga?

Are you willing to commit 100% to this training? If so, what will that look like for you?

Will you commit to being on time to all trainings to the best of your ability?

