



Urban Yoga: Yoga Teacher Training

APPLICATION FORMS

Must Be Fill Out in INK: Yoga Teacher Application YTT	
First Name	
Last Name	
Nickname	
Date of Birth	
Gender	
Height	
Weight	
Nationality	
Address	
Contact Number	
Email	
200, 300 or 500 YTT	
<i>Emergency contact number</i>	

How many years have you been practicing? How frequently do you practice?	
YEAR OF YOGA EXPERIENCE	
How did you know about the course?	
Why would you like to take this training course?	
Are you currently teaching yoga? If so, where? How often? How long have you been teaching?	
What style(s) of yoga do you normally practice?	
What does yoga mean to you and how has your life been affected by it?	
Have you attended any other Yoga Training Courses?	

DO YOU ANY INJURY? WHAT YOGA MEANS TO YOU.

Please describe any physical conditions that may affect your ability to do yoga.

Have you been hospitalized for any reason in the past 12 months? If so, why?

Are there any specific areas of interest related to yoga that you would like to explore in this course?

What does yoga mean to you and how has your life been affected by it?

Have you attended any other Yoga Training Courses?

PAYMENT OPTIONS

<p>Payment Method:</p> <p><u>ZELLE, CASH APP, VENMO</u></p> <p>When Application is Complete.</p> <p>Invoice will be sent by</p> <p>Via Email.</p>	<p>Circle Your Payment Options</p> <p>Payment : <u>CASH APP, VENMO, ZELLE</u></p> <p>No Lodging Only___Discount Price _____</p> <p>Meal Plan Separate Fee _____</p> <p>**NO Ground Transportation Include**</p>
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ANY HEALTH CONDITIONS

HEALTH CONDITIONPAYMENT OPTIONS	
<p>Do have Any Physical limitation?</p> <p>Please describe any physical conditions that may affect your ability to do yoga.</p>	<p>Yes _____ Did you Doctor Approval at this Yoga Teacher Training</p> <p>Phone Number_____-_____-_____</p> <p>Ext_____</p> <p>Approved _____ Not Approved____</p> <p>NOT APPLICABLE _____</p>

YOGA TEACHER LIABILITY STUDENT WAIVER AGREEMENT

I _____ am seeking to participate in (the) Yoga Teacher Training Course offered by A Urban Yoga, during which I will receive information and instruction about yoga and health. I understand that Yoga is a physical exercise and that Yoga classes consist of a series of postures (asanas) that bend, stretch and compress every part of the body. This practice stimulates glands, circulation, respiration and the nervous system. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from the instructor.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended, and is not safe, under certain medical conditions. I understand it is my responsibility to consult with a physician prior to, and regarding my participation in, Yoga Classes. I certify that I am physically fit and I have not medical condition, which would prevent my full participation in Yoga Classes. I will make the instructor aware of any medical conditions or physical limitations before every class. If I am pregnant, become pregnant or I am post-natal surgical, my signature verifies that I have my physician's approval to participate.

I affirm that I alone am responsible to decide whether to practice yoga and understand that participation is at my own risk. I my heirs or my legal representatives, hereby agree to forever irrevocably release and waive any claims that I have now or may have hereafter against A Urban Yoga and it's staff, employees, instructors and lease holders.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement and voluntarily agree to the terms and conditions above as a consideration for participation in Yoga Classes. I acknowledge and recognize that my signature serves as a complete and unconditional release of liability to the greatest extent allowed by law in the State of Florida.

I further understand that from time to time, A Urban Yoga, may produce still photographs and/or video recordings for marketing purpose. I hereby authorize A Urban Yoga or its assigns to use and reproduce any photographs, personal narrative, interviews or audio and video recording of my participation for any and all purposes, without compensation.

Signature sign in INK

Date

Print

____/____/____

Signature

____/____/____

THIS IS A NON REFUNDABLE CONTRACT

1. I agree to undergo A Urban Yoga Shiva application process and Payment the : PAYPAL, ZELLE, VENMO. Balance Due 6 Weeks before the First day of Class. The price will go up closer to the date. If a Discount was given then Full Payment is due with in 72 Hours of Start date. given and it will expire after that. No Exceptions on extensions.

2. _____ **Initial here** Date____/ ____/____20 ____

3. Non-Refundable Deposit and Full Payment of Program. Please understand and respect our NO Refund Policy or extensions available for any reasons. You are allowed change dates within the quarter year.

4. _____ **Initial here** Date____/ ____/____20 ____

Submission of this application form along with the receipt of payments constitutes acceptance of these terms and conditions.

_____ Date _____
Printed Name

_____ Date _____
Signature Name

APPLICATION DEADLINES

1. Prerequisites to Apply:

A desire to deepen your practice and understanding of yoga.

- A yearning to learn all you need to know to become a yoga teacher.
- At least 2 months of consistent yoga practice Sun Sal A & B.
- You are 18 or older.

2. Complete Your Application

1) Select the training you want to apply for

2) Fill up the application form

3) Submit the application form to UrbanYoga Shiva Email.

After you submit your application it will go into the review process. You will be contacted with your acceptance status within a days of your submission. Once accepted you will be contacted with more details on how to pay thru Payment option Invoice.

APPLICATION DEADLINES:

To process your application, please send your complete application no later than 9 weeks prior to the start date.

Termination Policy of the program at anytime:

Disrespecting the Yoga Studio Rules & Policy/ Disrespect any of Led Teacher and all Staff Members.

NOTE: Drug Abuse of any kind, Verbal Related Threats or Any type **Disrespect of ALL parts of the YTT & Led Teachers**. You will be **Dismissed immediately** with written on the same day. _____ Initial & Date ____/____/20____