



Yoga Teacher Training 200/300/500 YA

APPLICATION FORMS

Must Be Fill Out in INK: Yoga Teacher Application

First Name	
Last Name	
Nickname	
Date of Birth	
Gender	
Height	
Weight	
Nationality	
Address	
Contact Number	
Email	
Website (if any)	
<i>Emergency contact number</i>	

If you are under 18. Please
Have your Parent /Guardian
Sign form in ink. If you have
Any Questions please call /
kokosyoga@gmail.com

Name:

D.O.B:

Parent Name:

Contact #

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?

What Dates are you
attending this year?

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>PAYPAL, ZELLE,</u></p> <p>When Application is Complete.</p> <p>Invoice will be sent by</p> <p>Via Email ASAP</p>	<p style="text-align: center;">Circle the your Options</p> <p>Payment : <u>Apple pay, Zelle, Cash app</u></p> <p>Family Rate Price Only _____</p> <p>Price Only _____ - _____</p> <p>YTT Price _____</p> <p style="text-align: center;">**NO Ground Transportation Include**</p>
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HEALTH CONDITION	
<p>Have you been hospitalized for any reason in the past 12 months? If so, why?</p> <p>Please describe any physical conditions that may affect your ability to do yoga.</p>	
<p>Do have any Physical limitation?</p> <p>Please describe any physical conditions that may affect your ability to do yoga.</p>	
<p>Approved ___ Not Appoved ___</p>	

YOGA TEACHER LIABILITY STUDENT WAIVER AGREEMENT

YOGA TEACHER LIABILITY STUDENT WAIVER AGREEMENT

I _____ am seeking to participate in (the) Yoga Teacher Training Course offered by 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 Urban Yoga, its 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 Urban Yoga, may produce still photographs and/or video recordings for marketing purpose. I hereby authorize Urban Yoga Shiva 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 of student,

Date

X

PRINT

X

Must be Sign in Ink.....Name of student (Print clearly)

YOGA TEACHER LIABILITY STUDENT WAIVER AGREEMENT

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 3 months of consistent yoga practice Sun Sal A & B!
- You are 18 or older or Parent Permission signature required.

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 /Urbanyoga813@gmail.com 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 8 weeks prior to the start date.

Termination Policy of the program at anytime:

Disrespecting the Yoga Rules & Policy/ disrespect any of Led Teacher/Staff. No Smoking, Drug abuse of any kind, verbal related threats or any type disrespect of all parts of yoga teacher training. You will be dismissed immediately.

Please Read and Follow the Code Of Conduct. _____ INT ___/___/20__