

Blissful Spirits 200 HR Teacher Training Application

Particulars

Name: _____

Phone Number: _____

Address: _____

Email: _____

City: _____ St: _____ Zip: _____

Birthday: _____

Emergency Contact: _____

Emergency Phone: _____

What program are you registering for?: _____

How did you hear about the teacher training? _____

Tell us about you

What first brought you to the mat?

How long have you been practicing? How Often?

What is your favorite yoga class/style? Why?

How has your yoga practice changed you? What are the greatest benefits achieved?

What are you hoping to accomplish through taking this teacher training?

How interested are you in the following practices, elements, principles, or styles with regards to this training?

	Very Excited	Excited	Interested	So-So	Not Interested
Vinyasa Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Yoga Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga with Weights Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kundalini Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilates Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restorative / Yin / Yoga Nidra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming Self Actualized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding the Chakras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healing Science of Ayurveda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastering Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posture Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What attracted you most to Blissful Spirits 200 Hr Teacher Training?

Do you hope to teach yoga either part-time or full-time?

What are the top 3 things you are hoping to achieve by the end of training?

Waiver of Liability

In consideration of & as inducement to my participation as a student within Blissful Spirits teacher training, I represent and agree as follows:

(1) I have been examined by a licensed physician with in the past six months and have been found by such physician to be in good physical health and fully able to perform all yoga exercises which I am to learn and/or practice during my teacher training.

(2) I will faithfully follow the instruction of my teacher trainer as well as his/her assistant, understanding that yoga is a serious exercise. I understand that my training will help prevent injury to myself and/or others I might instruct in the future. I understand that any deviations from instruction might lead to injury. I also understand that Blissful Spirits is not responsible for any injuries that may occur to me or anyone I may instruct in the future. Yoga can be injurious if a practitioner does not listen his/her own body.

(3) I will not hold Blissful Spirits, our partners, instructors or employees responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow the instructions of Blissful Spirits or its instructors or by any physical impairment fully disclosed to you in writing.

(4) I understand and acknowledge that I am to receive instruction in yoga and yoga related theories/sciences. I will not hold Blissful Spirits (instructors, employees, teacher trainers) to any higher standard of care than that applicable to school of yoga theory and exercises.

(5) The tuition paid for Blissful Spirits Teacher Training is non-refundable once the program begins.

Signature

Date