

# APPLICANT REGISTRATION AND WAIVER FORM



Bliss for EveryBody

YOGA: TRANSFORM. INSPIRE. GROW

[www.blissforeverybody.com](http://www.blissforeverybody.com) | [blissforeverybody@gmail.com](mailto:blissforeverybody@gmail.com) | 970.571.0071 | Studio 11 Tremont | 2337 West 11<sup>th</sup> Street Suite #2 Cleveland, OH 44113

## Contact Information

Name	
Street Address	
City / State / ZIP Code	
Home Phone	
Mobile Phone	
Work Phone	
E-Mail Address	

## Emergency Contact

Name	
Home Phone	
Mobile Phone	
Other Contact Info	

## Applicant Questionnaire

1. When was your first yoga class, what brought you to that class and what from that class experience drew you to return to yoga?

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2. Where do you practice the most, what style of yoga are you most drawn to, and how would you describe your current studio practice and/or at home practice (if you have one)?

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3. Have you attended any yoga related workshops or trainings? If so, what were they? Are you certified to teach yoga or any other form of physical movement practice?

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4. How would you describe your expectations for this training program? What would you hope to gain, learn or work-on/towards?

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5. What other types of physical activities do you do (or that interest you)?

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6. How would you evaluate your health (do you have any physical limitations – injuries or recent surgeries – that might hinder your practice)?

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7. What are your top 3 motivations/inspirations to complete a Yoga Teacher Training?

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8. What do you feel would be your 3 biggest challenges be during this program?

Three horizontal lines for writing the answer to question 8.

9. Is there anything else about yourself that you'd like to share with us or feel that we should know (physical, mental, emotional, and/or spiritual)?

Three horizontal lines for writing the answer to question 9.

10. Do you wish to teach yoga upon completion of this training? If so, please describe in what capacity.

Three horizontal lines for writing the answer to question 10.

**ACKNOWLEDGEMENT**

I acknowledge that by submitting this application it does not guarantee my acceptance into the Bliss For EveryBodyYoga Teacher Training Program. I affirm that the information set forth in this application is true and complete, as I have answered the questions to the best of my ability. I understand that if I am accepted into this program, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal. Additional liability release and waiver forms are required if the applicant is accepted into the program, and applicable program fees are required at the time of acceptance.

**APPLICANT NAME**

Horizontal line for writing the applicant name.

**APPLICANT SIGNATURE**

Horizontal line for writing the applicant signature.

**DATE**

Horizontal line for writing the date.