



buddha balance
YOGA SCHOOL

TEACHER TRAINING APPLICATION

PART 1 | BASIC INFORMATION:

First Name: _____ Last Name: _____

Address: _____

Street City State Zip _____

Email: _____ Phone Number: _____

Date of Birth: _____

Emergency Contact: _____

PART 2 | TELL US MORE ABOUT YOU:

How many years of experience do you have with yoga? _____

What type of yoga have you practiced? _____

Is this training for personal practice, to teach or both? _____

Do you want to teach kids, adults or both? _____

How did you hear about us? _____

Are you a Body Balance member? _____

Are you already certified in yoga, if so where did you get certified and when?

Have you ever been to yoga workshops, trainings, etc? If yes, where and when did you attend?

Do you have any medical conditions? _____

Any other information that we need to be aware of? _____

PART 3 | AGREEMENTS: (Read and Initial by each section)

PERSONAL CONDUCT Initial: _____

- I agree to be respectful of others including owners, teachers, other trainees, as well as other members and customers of Body Balance Studio
- I agree to be on time and be prepared for each training sessions. I will notify the instructors immediately if I will not be able to do so in case of emergency.
- I agree to be professional inside and outside of the studio. This also applies to online and offline activities, including but not limited to facebook, twitter, and other social media.
- I agree to bring positive energy by refraining from negative behaviors such as being judgemental, complaining, or being rude to owners, teachers, other trainees, members, and customers of Body Balance Studio

ATTENDANCE Initial: _____

- I agree to be on time for each class/sessions and will notify in advance (in writing) if any classes/sessions will be missed.
- I agree to stay until the end of each class, until I am dismissed from the instructor.
- I agree to provide doctor's note if physical illness is the reason for missing a class.
- I understand that missing two consecutive weekends, extended absence (without approval) or constant tardiness will be a grounds for dismissal from the training program.
- I understand that I will not successfully complete the program without making up the hours, and I will make up the hours during the same week by making arrangements with Body Balance Studio

FINANCIAL RESPONSIBILITY Initial: _____

- I understand that \$150 deposit due at the time of application is non-refundable. If Body Balance Studio has to cancel the program the deposit will be refunded.
- If due to health reasons I am unable to participate in the program, I will provide a doctor's written note, and Body Balance may allow me to defer my enrollment until the next training program, but it is not guaranteed that the next training program will work with my schedule.
- I authorize Body Balance Studio to charge my tuition to my credit card according to the payment agreement form (will be provided). I am legally authorized to make charges to the account.

MEDICAL Initial: _____

- I attest that I am in good physical health and that I am physically able to participate in the program.
- I acknowledge that there is a risk of injury with any physical activities and I release and discharge Body Balance Studio and its employees from all claims, demands, and causes of action for any injury that I may incur during participation of this program.

INTELLECTUAL PROPERTY Initial: _____

- I understand that ALL Body Balance materials and business practices and procedures are proprietary and subject to legal protection, including but not limited to copyright.
- I understand that by participating in this program I agree to protect and respect Body Balance Studio intellectual property, and that it is illegal for me to reproduce or share with another individual or organizations outside of this program.

I, _____ (print name) certify that I have given true, accurate and complete information on this form to the best of my knowledge. I have read and agree to the Agreement terms above.

Name

Date

FINANCIAL AGREEMENT

Upon acceptance into the Teacher Training Program I agree to uphold my financial obligation in conjunction with one of the following plans:

_____ **Pay in Full \$3000**

_____ **Pay in Full \$3800**

_____ **Pay Application Fee (\$150) and non-refundable deposit (\$450) \$400 per weekend**