



Bliss
Yoga Academy

Yoga Teacher Training Program Application

This application has 4 pages. Please initial each page.

Name	Birth Date / /
Address	
Phone	Email
How did you hear about this Yoga Teacher Training program?	

Describe your current Yoga practice
What style(s)?
How long have you been practicing?
How often do you practice?
Do you have an established home practice? What does it consist of?
How has the practice personally affected your life?



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List three reasons why you want to participate in this Yoga Teacher Program?

1.

2.

3.

Is this your first YTT? Have you studied any other movement, meditation or Spiritual modalities? If so, please describe including dates and number of hours.

What is your education and professional background outside of Yoga?

Do you plan to teach Yoga in the future? If YES, why? If NO, why not?

What skills are you looking to gain from this YTT?



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You understand that by submitting this application, you consent to participate and agree to fulfill all the requirements for Bliss Yoga Academy's 277-hour Yoga Teacher Training (YTT) Program including: attending seventy four (74) 3-hour training sessions (a total of 222 classroom hours), attending 30 regularly scheduled classes at Bliss before or during the training, creating a daily Spiritual practice, reading all assigned materials, teaching 12 Yoga classes, and writing a 300 words or more essay on a Yoga related subject. I will provide guidance on acceptable topics and approve your subject matter in advance to ensure that each trainee researches and presents a different topic.

Upon fulfilling Bliss Yoga Academy's YTT requirements you will receive a certificate for completing a 277-hour Yoga Teacher Training Program, which you may use to register with Yoga Alliance as a Registered Yoga Teacher (RYT) at the RYT-200 Level if you choose to do so.

Payment for this program must be received 60 days before the start of the program. If you'd like to cancel 30 days before the program starts you will receive your money back minus a \$200 registration fee. If you choose to cancel within 30 days of the start of the program there will be no refund. Bliss Yoga Academy Inc. reserves the right to dismiss students from the YTT Program at anytime for any reason based on the sole discretion of Sarah M. Cardenas, YTT Program Director. You may choose to leave the program at anytime for any reason, without refund of monies paid.

In addition to completing this YTT Program, **I strongly recommend** you choose to complete the **Traditional Long Form Usui Reiki Level 1 & 2 Certification** in order to assist in your Spiritual, mental, emotional and physical growth. This 10 week Reiki Class is offered in the Spring and Fall for an additional cost of \$750 in a group. Or you may schedule a private class for a cost of \$1,800. This Reiki Level 1 & 2 certification can be completed before, during or after the YTT.

Bliss Yoga Academy Inc. is not liable for any perceived, mental, emotional, psychological or physical injury and/or deterioration of any pre-existing condition that may be perceived as occurring while participating in this YTT program. You fully recognize and accept any risk that you may undertake in this program. **Bliss Yoga Academy's Yoga Teacher Training Program is not a substitute for medical or mental health professional care. Please see your medical or mental health professional if you have any questions or concerns about your health.**

You understand that during your first class; you will receive an oral explanation and description of the class. You must fulfill all the requirements in order to earn a certificate. If you are unable to attend a scheduled session, you will provide advanced notice to the teacher and schedule a private make-up session at an additional cost of \$180. However, please plan to be at every class as nothing can replace a group experience in the YTT class. Thank you.

I, _____ (please print) take full and complete responsibility in choosing to participate in Bliss Yoga Academy's 277-hour Yoga Teacher Training program and commit to complete the requirements outlined above.

Student Signature

Date



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Health History Questionnaire. Do you NOW have or have you EVER HAD:

<input type="checkbox"/> Back Pain <input type="checkbox"/> Disc problems <input type="checkbox"/> Sciatic nerve pain <input type="checkbox"/> Joint Ache <input type="checkbox"/> Joint Swelling <input type="checkbox"/> Numbness <input type="checkbox"/> Neck injuries <input type="checkbox"/> Spine injuries <input type="checkbox"/> Limited range of motion <input type="checkbox"/> Broken bones <input type="checkbox"/> Surgery <input type="checkbox"/> Accident If you checked any of the above, please describe: _____ _____ _____ _____ _____	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Nervous tension <input type="checkbox"/> Vertigo <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Severe PMS <input type="checkbox"/> Arthritis <input type="checkbox"/> Diabetes <input type="checkbox"/> Blood clots <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Hepatitis <input type="checkbox"/> Incontinence <input type="checkbox"/> High blood pressure <input type="checkbox"/> Are you pregnant? <input type="checkbox"/> _____ months <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Cancer <input type="checkbox"/> Tumors <input type="checkbox"/> Stroke <input type="checkbox"/> Heart attack <input type="checkbox"/> Scoliosis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Lupus <input type="checkbox"/> HIV <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's <input type="checkbox"/> Epilepsy <input type="checkbox"/> Seizures <input type="checkbox"/> Joint replacements Attention: Students with any of the imbalances listed in red should schedule a private class . This is necessary because you will need one-on-one attention and participating in a group class is NOT an option.
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I have stated all my previous and current known medical conditions. I take it upon myself to update my instructor regarding any changes to my condition. All exercise activities present a risk of injury to participants. I understand and accept that there is a risk of personal injury in this activity and I voluntarily assume that risk. I hereby release Bliss Yoga Academy Inc. and their respective officers, employees and agents from any liability arising out of personal injury sustained by me while participating in this program. I understand that I will be asked to execute techniques that may involve strenuous physical activity and exertion on my part. I represent that I am not subject to any medical restrictions or condition, which would render such activity unreasonably dangerous to my health and hereby accept full responsibility for any injury that I may sustain.

Student name (please print clearly)

Student Signature	Date
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