

SUP Fitness Teacher Training Application

PERSONAL INFORMATION

Your First & Last Name: _____

Date of Birth: _____

Street Address: _____

City, State, ZIP: _____

Email Address: _____

Phone number: _____

EMERGENCY CONTACT INFO

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship: _____

EXPERIENCE

What fitness training/experience have you had? _____

Are you currently teaching fitness classes or working as a personal trainer? If so, where? _____

What SUP Training/Experience have you had? _____

HEALTH INFORMATION

Please list any past or present injuries, surgeries, major illnesses: _____

OTHER

What is the date of the SUP Fitness Teacher Training you are applying for? _____

How did you hear about this program? *

Internet Search Facebook Ads Instagram Ads Google Ads Facebook Follower

Instagram Follower Paddle Into Fitness Newsletter Word of Mouth

Other: _____

REFUND POLICY - There are no refunds on deposits once your application is approved. Balance is due 2 weeks prior to training. All payments are non-refundable.

WAIVER

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Paddle Into Fitness or their instructors liable for any mishaps arising from my participation in SUP Fitness Training Classes. I have read and understand the terms and conditions as outlined in this document, and agree to be bound by these conditions. I understand that I must have a current CPR certification and be able to swim to receive certification. I understand that before starting this exercise program it is my responsibility to consult my physician. I ACKNOWLEDGE THE RISKS INVOLVED IN PARTICIPATING IN THIS TEACHER TRAINING AND I ASSUME ALL LIABILITY FOR PARTICIPATION AND RELEASE Paddle Into Fitness FROM ALL LIABILITY.

Please sign below to verify your application and to confirm that you have read and agreed to the terms of this program.

Signature

Date



Paddle Into Fitness

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