SUP Yoga Teacher Training Application

PERSONAL INFORMATION Your First & Last Name:	
Date of Birth: Street Address:	
City, State, ZIP:	
Email Address:	Emergency Contact Relationship:
Phone number:	
EXPERIENCE What yoga training/experience have you had?	
Are you currently teaching yoga? 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 Yoga Teacher Training you are applying for? How did you hear about this program? * Internet Search Facebook Ads Instagram Ads Google Ads Facebook Follower InstagramFollower 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 Yoga 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 sigh below to verify your application and to confirm that you have read and agreed to the terms of this program.

Signature

Date



paddleintofitness.com • 858-997-0033 • certification@paddleintofitness.com