

# Complete SUP 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 yoga and/or fitness training/experience have you had? \_\_\_\_\_

Are you currently teaching yoga and/or fitness classes or working as a personal trainer? If so, where? \_\_\_\_\_

What SUP Training/Experience have you had? \_\_\_\_\_

Have you had any water safety training? If so, please specify \_\_\_\_\_

## HEALTH INFORMATION

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

## OTHER

What is the date of the Complete 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 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 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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