

Yoga Nidra Teacher Training Application for Admission

Name: _____

Address: _____

Phone: _____

Email: _____

Birth date: _____

Occupation: _____

Please mark any medical condition(s) past/present:

- | | |
|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Back Condition | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Bi-Polar Disorder | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Cancer (stage) ____ | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Pregnant: Due _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Diabetes (type) ____ | <input type="checkbox"/> Other _____ |

Previous yoga, yoga nidra and meditation experience and years:

Current certifications, licenses:

How did you hear about the training?

Why are you interested in this training?

Emergency contact name and phone: _____

Please read and sign:

I accept responsibility for my own health and safety. I relinquish meditation chick, all elements yoga and instructors from all liability. \$500 deposit is due upon application acceptance. I understand and accept that early bird pricing of \$1500 must be paid on/before Jan 8, 2018. After Jan 8, course fee is \$1750. Full payment of regular pricing must be received on/before Feb 8, 2018. I understand and accept that there will be a \$125 cancelation fee for withdrawing on/before Jan 25. \$250 fee applies canceling Jan 26 - Feb 7. \$500 fee applies for canceling on/after Feb 8.

Print name

Date

Signature

Date