

APPLICANT REGISTRATION AND WAIVER FORM



www.anandabhakti.com | anandabhakti09@gmail.com | 970.571.0071 | The Studio Cleveland | Cleveland, OH 44113

Contact Information

Form with fields: Name, Street Address, City / State / ZIP Code, Home Phone, Mobile Phone, Work Phone, E-Mail Address

Emergency Contact

Form with fields: Name, Home Phone, Mobile Phone, Other Contact Info

Applicant Questionnaire

1. What is your current occupation? Describe your daily activities.

Three horizontal lines for text entry

2. How did you hear about this Yoga Teacher Training program?

Three horizontal lines for text entry

3. Please describe your experience with yoga ie: how long have you been practicing; what styles of yoga do you prefer?

Three horizontal lines for text entry

APPLICANT REGISTRATION AND WAIVER FORM



[www.anandabhakti.com](http://www.anandabhakti.com) | [anandabhakti09@gmail.com](mailto:anandabhakti09@gmail.com) | 970.571.0071 | The Studio Cleveland | Cleveland, OH 44113

4. Have you had any prior relevant training, education or certifications that could be applicable to this program?

---

---

---

5. Do you currently embody any teaching and/or leadership skills that would support your future work as a yoga teacher?

---

---

---

6. What other types of physical activities do you do (or that interest you)?

---

---

---

7. What are your health habits/beliefs (diet, etc.)?

---

---

---

8. Do you have any physical limitations (injuries, surgeries, etc. – including past and reoccurring) that may hinder your practice?

---

---

---

APPLICANT REGISTRATION AND WAIVER FORM



[www.anandabhakti.com](http://www.anandabhakti.com) | [anandabhakti09@gmail.com](mailto:anandabhakti09@gmail.com) | 970.571.0071 | The Studio Cleveland | Cleveland, OH 44113

9. If accepted, what do you feel will be your biggest challenge during this program?

---

---

---

10. What do you feel are your strengths (this does not have to be directly related to yoga)?

---

---

---

11. What do you feel are your weaknesses (this does not have to be directly related to yoga)?

---

---

---

12. Is there anything else about yourself that you'd like to share with us or feel that we should know (physical, mental, emotional, and/or spiritual)?

---

---

---

13. What would you hope to do with this certification (ie, do you aspire to teach yoga)?

---

---

---

APPLICANT REGISTRATION AND WAIVER FORM



www.anandabhakti.com | anandabhakti09@gmail.com | 970.571.0071 | The Studio Cleveland | Cleveland, OH 44113

14. If you aspire to teach yoga, what has inspired you to do so?

Three horizontal lines for writing the answer to question 14.

15. What are your overall expectations of this course/program?

Three horizontal lines for writing the answer to question 15.

16. Do you have any concerns or reservations that may inhibit you from applying to this program?

Three horizontal lines for writing the answer to question 16.

ACKNOWLEDGEMENT

I acknowledge that by submitting this application it does not guarantee my acceptance into the Ananda Bhakti Hatha Yoga Teacher Training Program. I affirm that the information set forth in this application is true and complete, as I have answered the questions to the best of my ability. I understand that if I am accepted into this program, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal. Additional liability release and waiver forms are required if the applicant is accepted into the program, and applicable program fees are required at the time of acceptance.

APPLICANT NAME

Horizontal line for writing the applicant name.

APPLICANT SIGNATURE

Horizontal line for writing the applicant signature.

DATE

Horizontal line for writing the date.