

**200 HOUR YOGA TEACHER TRAINING
CONFIDENTIAL APPLICATION**

TODAYS DATE: _____ TRAINING LOCATION: _____

FULL NAME:

To be printed on your certificate of completion.

PREFERRED NAME:

EMAIL:

BEST NUMBER:

ALT NUMBER:

STREET ADDRESS:

CITY

STATE _____ /ZIP _____

Please initial: _____ I have read and accept Bramasole Fitness and Wellness Retreat LLC,
policies on page 4&5

I plan to pay the training tuition in full _____

RETURN APPLICATION BY EMAIL TO info@bramasolewellness.com

Or to Address Below (if mailing please let me know you are sending so we may place your name
on our registration list ASAP).

Bramasole 57 Slab Meadow Road Morris, Ct. 06763

CONFIDENTIAL HEALTH HISTORY

Name: _____ Date: _____

Birthdate: _____ Sex: _____ Occupation: _____

What is the present state of your health? _____

Does your physician know you are participating in this training program? _____

Describe your fitness program now: _____

List any medications you are taking and its purpose: _____

Do you have now or have you had in the past:	YES	NO
1. Advice from a physician not to exercise?	_____	_____
2. Do you have difficulty with exercise?	_____	_____
3. Recent surgery (within last year)?	_____	_____
4. History of Diabetes or Thyroid condition?	_____	_____
5. History of heart problems, chest pain or stroke?	_____	_____
6. History of lung or breathing problems?	_____	_____
7. Blood Pressure Problems?	_____	_____
8. Cigarette smoking habit?	_____	_____
9. Obesity (more than 30 lbs over ideal body weight)?	_____	_____
10. Increased blood cholesterol?	_____	_____
11. Pregnant (now or within last 3 months)?	_____	_____
12. Chronic illness or condition?	_____	_____
13. Depression, Anxiety, Eating Disorder or other Mental Health Problems?	_____	_____
14. Muscle, joint or back disorder or any previous injury still affecting you?	_____	_____

Please explain any "Yes"

I am allergic to the following medications:

Name & Relation of Emergency Contact

Cell/Home:

RELEASE OF LIABILITY

I, _____, hereby acknowledge that I have voluntarily applied to participate in activities related to physical training involving Yoga.

I AM AWARE THAT THE ACTIVITIES DESCRIBED ABOVE MAY BE HAZARDOUS AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

As lawful consideration for being permitted by Bramasole Fitness and Wellness Retreat LLC, or one of its affiliated organizations to participate in these activities and use the facilities at which these activities are conducted, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute Bramasole Fitness and Wellness Retreat, LLC, or any of its affiliated organizations and/ or the owner or lessor of the premises where the activities are conducted for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of Bramasole Fitness and Wellness Retreat, LLC, or its affiliates, as result of my participation in aerobic training involving Yoga. In addition, I hereby release and discharge Bramasole Fitness and Wellness Retreat, LLC, and its affiliated organizations from all actions claims or demands I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury of damage resulting from my participation in the above described activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BRAMASOLE FITNESS AND WELLNESS RETREAT, LLC, AND/OR ITS AFFILIATED ORGANIZATIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Dated: _____ Signature: _____

INFORMATION AND POLICIES

APPLYING:

1. Apply: Complete & email your application. Applicants must have a minimum of one year yoga practice; home, studio or gym practice is acceptable. Consideration is made for those in compatible fields. Please contact our office if you have questions regarding your eligibility before applying.

2. Interview: Once your Deposit and Application is submitted and received, Elizabeth Aleksinas, will contact you for a phone/personal interview to discuss your participation. This is a great opportunity to discuss all questions you may have regarding your Yoga journey.

3. Deposit: Make Your \$500 non-refundable deposit using the paypal link below or mail check to Bramasole Fitness and Wellness Retreat LLC 57 Slab Meadow Road Morris, Ct. Deposit is due by August 15th, 2018. Your Deposit will be deducted from the total class cost. Total Tuition is \$2,000 plus tax. (must add \$127.00 CT Sales Tax)

4. Confirmation: Once deposit is made, your Commitment Letter is emailed to you outlining your training information.

5. Books: Your Books will be distributed the first day of class.

6. Total Tuition Payment: Tuition balance is due on or before September 1, 2018, either using the paypal link below or send check to Bramasole Fitness and Wellness Retreat LLC 57 Slab Meadow Road Morris, Ct. 06763.

*** EARLY YOGI PAY IN FULL & SAVE \$100 * \$1900 (must add \$120.65 CT sales tax).** To receive early Yogi Pay in Full Savings, application and payment must be received by the following date: **August 15, 2018.**

CERTIFICATION REQUIREMENTS

Each trainee is required to attend and successfully complete all outlined assignments, classroom instruction and module hours to earn their Mindfulness Yoga Teacher Training Certificate.

PAYMENT / REFUND POLICIES

- Deposits are non-refundable.
- Tuition fees are refundable up to 10 days prior to the training start date.
- Within 9 days to start date, there are NO REFUNDS for registered trainings. Credit maybe awarded towards an equal training course within 2 years.

Acceptable forms of payment:

[On-Line PayPal link](#)

Mail: Personal or Bank Checks

In Person: Cash, Personal or Bank Checks. All cash receivables are given receipt.

Any returned payments will be subject to Bramasole Fitness and Wellness Retreat LLC.
Bank/Merchant Service fees.

9) Are there any aspects of yoga you shy away from? If so, do you know why?

10) What is your experience of anatomy (classes from high school, college or self study...)?

11) Do you have any Certifications, Licenses or Degrees in Healing, Therapy, Body or Energy Work, Fitness or Academic Teaching? If so, please list:

12) What is your current diet (i.e. vegan, vegetarian, healthy American)?

13) Do you wish to teach when you complete this program? If so, what will be your focus?

14) Is there anything in your personal life right now that may hinder your ability to fully concentrate/participate in your training? Is your family supportive of your studying and/or teaching yoga?

15.) Anything else you'd like to add?