



SKYBODY® AERIAL YOGA TEACHER TRAINING APPLICATION

Please fill out the following form before making a deposit towards the Skybody® Aerial Yoga Teacher Training Certification Course. Acceptance to the Course will be based on review of the application by Skybody®'s professional team and members. We are interested in working with people who will, upon completion of the course, be willing to dedicate themselves to furthering the principles behind this Aerial Hammock yoga and fitness practice, and who will seek to teach those ideals in a safe and nurturing manner. Please feel free to attach additional pages.

Also, please let us know if you are interested in the course as a means of furthering your personal education and self- study in Aerial Yoga, or are an instructor taking the course for continuing education.

PERSONAL INFORMATION:

Name: _____

Email: _____ **Cell:** _____

Street Address; _____

City: _____, **State** _____ **Zip** _____

Emergency Contact: _____

REFERRAL:

Did someone refer you? If so, we would like to send them a thank you email!

I was referred by: _____ **Email:** _____

X -My teacher **X -My friend** **X -Other**

If not referred, how did you hear about Skybody®'s Aerial Yoga Certification Teacher Training Course?

ABOUT YOU

Current Yoga, Fitness, Pilates, Bodywork Certifications_____

Are you currently a Yoga or Fitness instructor? _____ If so, what style of yoga or fitness do you teach; how many years and where?

Do you have any aerial experience? (it is not mandatory that you do, but it is helpful). If so, tell us about it.

Why do you want to take the Skybody® Aerial Yoga Teacher Training program?

What are your expectations and goals for this training program?

Tell us a bit about your hobbies, other interests and physical activities.

What are some things you feel most passionate about in your life?

MEDICAL INFORMATION:

PLEASE COMPLETE THE MEDICAL HISTORY SECTION BELOW SO WE CAN RESPOND PROPERLY IN THE EVENT OF AN EMERGENCY DURING YOUR TRAINING.

How would you evaluate your current health?

X -excellent X -Good X -Fair X -Some challenges _____

Do you have any injuries that may affect your ability to fully train in this program?

Please list any medical conditions that may affect your ability to fully train in this program.

Are you on any medications? If so, please list them. _____

Have you had any surgeries in the past year? If yes, please explain:

Is there anything else we should know about your medical history?

I acknowledge that I have not omitted any information that might prohibit my ability to teach Aerial Hammock classes with utmost safety and precaution.

Signature _____

Please email your application to:

**Skybody®
Fran Sperling
Info@skybodysystem.com
Subject line: Skybody Aerial Yoga TT Course**

Questions/ Inquiries? Email Info@skybodysystem.com or call 917-923-8744.