



765 Harry L. Drive  
Johnson City, NY 13760  
(607)677-0490

Dear Training Applicant:

Thank you for applying to Yoga Body Institute's Personal Power Development and Teacher Training Program. We are excited to work with you as a dedicated student who is ready to dive into new uncharted areas of your life, to delve into the unknown and be open to change.

The purpose of "Yoga Body Institute's Development and Teacher Training" is to give you the tools to live your most powerful life! You will also learn how to motivate and lead others in doing the same -- whether you plan to teach yoga or not. We are committed to helping you become a strong inspiring teacher who will be ready to teach at the end of this program.

Our program is limited to 20 students. We encourage you to apply early, especially if you are interested in a payment plan.

Applications will be reviewed as they are received. Teacher training application deadline date is **Friday, January 3<sup>rd</sup>**. If space permits, we will accept rolling admissions after this deadline date.

This training will lead you to live a life of yoga in a whole new way. Come as you are and be open to "anything is possible." You will leave this training program discovering your own true power and it will affect all facets of your life. To achieve this, we ask for your full commitment to the program, including showing up on time, prepared for each session, sharing and committing fully to the process and giving generously of yourself. You will dig deep and learn a lot about what's blocking you and how to break through to "possibility." You will leave this development and teacher training program not only as a competent teacher of yoga asana, but also a powerful leader in its biggest sense.

We look forward to working with you and appreciate the opportunity to teach, share and grow with you!

Namaste,

Linda and Ron Sambursky

## Teacher Training Application

Contact Information	
First and Last Name	
Nickname	
Street Address	
City, State, Zip Code	
Cell Phone Number	
E-Mail Address	
Date of Birth	

Demographic Information	
Occupation	
Age	
Gender	
Interests	
Disability	<input type="checkbox"/> YES <input type="checkbox"/> NO    Explain:
Education Completed	<input type="checkbox"/> Less than High School Graduation <input type="checkbox"/> High School Graduate, Date: _____ <input type="checkbox"/> GED, Date: _____ <input type="checkbox"/> Some Post High School <input type="checkbox"/> Associates Degree, Date: _____ <input type="checkbox"/> Bachelor's Degree or Higher, Date: _____

### Yoga History and Teacher Training Interest

How long have you been practicing yoga? \_\_\_\_\_

What style(s) of yoga do you practice regularly? \_\_\_\_\_

Please list any previous Teacher Training experience: \_\_\_\_\_

Please check one. I am applying to this training primarily to:

enhance my own growth in yoga and its related teachings.

teach yoga.

to work on my personal growth.

What interests you about becoming a yoga teacher, or what is your purpose in studying yoga in a Teacher Training Environment?

What do you hope to learn/gain through this Development and Teacher Training Experience?

Why did you choose the Yoga Body Institute Personal Power Development and Teacher Training Program?

Yoga Body Institute Program is designed to lead you to personal development and transformation through yogic principles. It will require 100% commitment to the process. Are you ready to put forth 100% commitment to this program? Please explain...

What are your greatest strengths personally and professionally?

What are your weaknesses personally and professionally?

What areas of your life would you like to see the most growth?

Do you feel comfortable speaking publicly? Do you have public speaking experience?

What are your greatest personal and professional goals?

How has yoga affected your life thus far?

## Photograph

Please attach/upload a photograph headshot of yourself upon application submission. Your photograph will not be used to determine your acceptance into the program. It is used as a means for us to familiarize the teaching staff with who you are before you arrive.

## Emergency Contact Information

Emergency Contact Name	
Relationship	
Phone	
Email	
Do you have specific injuries we should know about?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain.	

Are you currently, or have you been in the last 6 months, under the care of a physician or mental health specialist for any reason?

If yes, please explain.

## Liability Waiver

I \_\_\_\_\_ (print full name) understand that yoga includes physical movement. Physical activity carries with it certain inherent risks that cannot be eliminated. As is the case with any physical activity, the risk of injury, even serious or disabling, may be present in a yoga practice. I hereby assert that my participation in the Yoga Body Institute Personal Development and Teacher Training Program is voluntary, and that I knowingly assume all such risks. I recognize it is my responsibility to practice modifications, and I take responsibility for speaking with the teacher if I come to class with injuries or am pregnant. Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Yoga Body Institute and/or Yoga Body Shop, LLC or other teachers who may be present, and other Teacher Training participants. I have read and understood this assumption of risk. I acknowledge that I am signing freely and intend my signature to complete the assumption of the inherent risks of participating in the Yoga Body Institute Personal Development and Teacher Training Program. In addition, I agree to protect the privacy of all teachers, staff and trainees. From time to time, photos and videos may be taken during this program. I consent to allow Yoga Body Institute (YBI) to use the photos for promotional purposes such as social media posts, brochures, newsletters, and for website use.

---

Signature

Date

**REQUIRED: Registration Fee and Tuition**

\$50 Application Fee Required With Application Submission:

Enclose a check or mark the box for your credit card to be charged this amount upon receipt of the application. This fee is non-refundable after you sign the enrollment agreement.

- A check for \$50 is enclosed (\$50 will be deducted from tuition)
- Please charge my credit card for the application fee of \$50. (\$50 will be deducted from tuition. (check and cash preferred, 3% credit card fee applies)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVC: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Tuition: \$3150** Due Friday, January 10<sup>th</sup>, 2025 (check and cash preferred, 3% credit card fee applies)

Books: \$100-\$200 This is an estimated book cost for required books depending on where you purchase them. You may purchase your books anywhere you like.

**Application Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted into the YBI Personal Development and Teacher Training, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal without refund.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

**Application Checklist**

- Completed Application Form
- Photo
- Application Fee
- Signed Liability Waiver
- Signed Application

Please mail your completed application along with the \$50 application fee (check or cash) to Yoga Body Shop, 765 Harry L. Drive, Johnson City, NY 13760. You can also email your



completed application to [info@yogabodyshop.com](mailto:info@yogabodyshop.com) or drop off your application in person at the studio. If you have any questions, please contact Yoga Body Shop at (607) 677-0490.