



# TEACHER TRAINING

## Indoor Cycling Application

### ABOUT YOURSELF

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you pregnant?  Yes  No If yes, how far along? \_\_\_\_\_

### YOUR SPIN EXPERIENCE

How long have you been riding?

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What style of music do you like?

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List all physical limitations and injuries, including any pre-existing conditions, old injuries and current problems.

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What is your current occupation?

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Have you ever completed a Teacher Training before? \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

Are you currently teaching? Y  N

If yes, how many years have you been teaching? \_\_\_\_\_

Where do you teach? Y  N

What else do you teach?

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Why are you interested in this training?

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# RESPONSIBILITY WAIVER

*I take full responsibility for my participation in the BHSY Teacher Training program, and I understand that I may go through a wide range of experiences as we delve into various topics throughout the program. I take full responsibility for my participation and well-being and am doing so by my own free will. I hereby release BurningHeart Hot Yoga Pilates & Indoor Cycling, Ellen Abraham, the Staff, and my instructors from responsibility for any injuries I may receive as a result of participation in classes and/or programs presented at BurningHeart Hot Yoga Pilates & Indoor Cycling. In taking part in any and all classes and/or programs BurningHeart Hot Yoga Pilates & Indoor Cycling, I agree to assume full responsibility for any risks, injuries, or damages known or unknown which might incur as a result of participating in the classes and/or programs. I certify that my level of physical condition determined by my physician and myself will allow me to safely participate in any and all classes and/or programs at this studio. I have read the above release and waiver liability and fully understand it's contents. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.*

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

