



**Yoga for Amputees Teacher Training Registration Form**

*Please submit to the yoga studio hosting this training.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Please answer the following questions to the best of your ability.

1. In order to attend this training, you must have studied yoga for at least three months. Please inform me of how long you have practiced yoga. *If you are unfamiliar with yoga, or have only practiced for less than one month, please contact me , Marsha Therese Danzig, at [marsha@yogaforamputees.com](mailto:marsha@yogaforamputees.com) or 978-239-2038 for an interview.*
2. What type of yoga do you study or practice? How many days /week do you practice yoga ?
3. Where did you receive your yoga or other professional training?
4. How long have you been teaching yoga or working in your field?
5. What do you hope to receive out of this training?

6. 3. How do you plan to use this training?
  
7. Are there any medical, mental or emotional conditions I should be aware of? Are you on any medication.
8. If so, please specify.
  
9. Serious illnesses, surgery, procedures within the last five years
  
10. If you are an amputee, are you a BK amputee, AK amputee, UE amputee? Do you use a prosthesis , crutches, wheelchair?  
Please explain , to the best of your ability, your activity level.
  
11. Pregnancy \_\_\_\_\_Number of months at time of program\_\_\_\_\_
  
12. Is there any thing else you would like to add or tell me about ?

**This training is very intensive. Please take good care of yourself, do what you can physically and be present for the entire training.**

### **Declaration of Disclosure and Acceptance of Terms**

Awareness is fundamental to the practice of Yoga. As a student, it is solely your responsibility to monitor each activity and determine whether it is appropriate to participate. You remain primarily responsible for your safety and well-being.

*Please read and sign:*

I have enrolled in a teacher training program of physical activity, including but not limited to various yoga , meditation and movement exercises offered by the umbrella company of Color Me Yoga Enterprises, LLC. I release Color Me Yoga Enterprises LLC from any liability now , or in future for injury, however caused, occurring during or after my participation in this program.

I agree that the information given to me during this training is copyrighted information and as such is not to be copied or taught as a part of any training or workshop without the express permission of Marsha Therese Danzig.NO person shall train others in Yoga for Amputees unless they have been personally certified by Marsha Therese Danzig and Color Me Yoga Enterprises, LLC as a Master Yoga for Amputees Trainer.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_ Namaste