

**YOGA ASSOCIATION OF ALBERTA  
HATHA YOGA TEACHER TRAINING PROGRAM  
APPLICATION FORM**

**11759 Groat Road, Edmonton AB T5M 3K6  
Phone: 780.427.8776; Fax: 780.422.2663; Website: [www.yoga.ca](http://www.yoga.ca); E-mail: [cert@yoga.ca](mailto:cert@yoga.ca)**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone : \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Present Occupation: \_\_\_\_\_

*In order to qualify for the YAA Hatha Yoga Teacher Training Program, applicant must be at least 18 years old, be a resident of Alberta, be a full member of the YAA, and provide evidence of at least 2 years recent classes in hatha yoga.*

**Please submit this form to the above address with the following:**

- \$125 TTP Registration Fee.**
- YAA full membership fee (\$30.00) with completed and signed [membership form](#).**
- Letter of recommendation / introduction from a yoga teacher with whom you have taken classes.** This letter should state that the applicant is familiar with the Level I syllabus of asanas (see Appendix C) and is ready and suitable to enter into a yoga teacher training program.
- Details of at least 2 years of recent classes in hatha yoga (see Appendix A for definition).** A rural applicant without two years of hatha yoga training, must submit a letter proposing how he / she could upgrade to the 2-year requirement (e.g. weekend workshops, a week of classes in major centre / month, etc.).

1. For how many years have you practiced yoga regularly? \_\_\_\_\_ years.
2. For how many years have you taken hatha yoga classes? \_\_\_\_\_ years. See Appendix A for definition. Attach details.
3. List your yoga instructors. Attach one recommendation (see above). \_\_\_\_\_  
\_\_\_\_\_
4. Are you presently teaching Yoga? If you are, how long have you been teaching and how often do you teach? \_\_\_\_\_  
\_\_\_\_\_
5. What aspects of Yoga most interest you or are part of your practice? Do you follow a particular lineage or style?  
\_\_\_\_\_  
\_\_\_\_\_
6. Why do you want to take the YAA Hatha Yoga Teacher Training Program?  
\_\_\_\_\_  
\_\_\_\_\_
7. What do you expect to learn?  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you currently have the time to complete all the requirements of this program? Yes / No
9. Do you currently have the finances available to fund your program? Yes / No

10. Is there a history of physical or mental conditions that will affect your participation in this program? Do you have any limitations or injuries that affect the performance of the poses? Please describe.

\_\_\_\_\_

11. What volunteer skills and time do you have to contribute to the YAA in order that you can fulfill your ten hours of karma yoga requirements? \_\_\_\_\_

12. A Senior Teacher must be chosen within 4 months of entering the program. (List of Senior Teachers Appendix F-4). If you already have chosen a Senior Teacher, please print his / her name here, and ensure that you also submit signed Letter of Agreement within 4 months (Appendix F-2): \_\_\_\_\_

13. An Intermediate Teacher is optional, and must work in conjunction with a Senior Teacher. (List of Intermediate Teachers Appendix F-5). If you have already chosen an Intermediate Teacher, please print his / her name here, and ensure that you also submit signed Letter of Agreement within 4 months (Appendix F-3): \_\_\_\_\_



The information on this form is used to determine eligibility in YAA programs. By signing below, I \_\_\_\_\_ (print name) certify that the answers on this application are correct and true to the best of my knowledge. I have read, understood and accept the Teacher Training Program as outlined in the *YAA Hatha Yoga Teacher Training Syllabus and Guidelines* and will adhere to the YAA Code of Ethics – Guidelines for YAA Certified Teachers (Appendix B). I will make the necessary **time and funds** available to complete the requirements of this program. I also understand that by signing below I am giving permission for the above information to be made available to the executive, certification committee, yoga teachers and staff at the YAA. As well, I agree to have my name, phone number, training and description of my teaching listed in the YAA Teacher Directory which is published in *Yoga Bridge* and on the YAA website. All other information is kept confidential. The YAA does not sell databases to third parties. I also agree to receive commercial electronic emails from the YAA. I am a resident of Alberta. **\*Program requirements subject to change during the course of the program.**

I the undersigned, hereby represent, warrant and advise the Yoga Association of Alberta that I have taken all reasonable steps to assess my medical condition and warrant that I am free of any physical conditions, limitations or general health problems that would impede my ability or would result in injury or worsening of any health problem or physical condition due to my participation in yoga or stretching activities. I acknowledge that yoga activities involve certain exercises and exertions and that I will immediately advise the YAA if I have any concern, knowledge or reason to believe that my medical or physical condition or general health would be impacted by participating in the yoga and stretching activities. In consideration of membership and permission to participate in Yoga granted me by the Yoga Association of Alberta, a registered charity, I hereby release and discharge the Yoga Association of Alberta, directors, members, agents, officers, consultants and employees from all claims, demands, actions, judgments, and executions which the undersigned heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, known and unknown, and injuries to property, real or personal, caused by or arising out of the participation in the activity of yoga. I, the undersigned, fully understand that this sport activity has inherent risks involved, and I am fully aware of the nature of these risks, but waive rights, claims, cause of action, etc. as heretofore enumerated, and do hereby assume the risk. I give my permission for photographs of myself taken at this workshop to be used for publication purposes. My photograph can be used for YAA business or newsletter.

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Office Use Only  
 Application Fee: \_\_\_\_\_  
 Accepted to Teacher Training Program: Yes / No \_\_\_\_\_  
 YAA Teacher Training and Certification Committee Member's Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Acceptance: \_\_\_\_\_  
 Committee Member's Name (please print): \_\_\_\_\_  
 Committee Member's Signature: \_\_\_\_\_

**YOGA ASSOCIATION OF ALBERTA**

**YAA CERTIFIED SENIOR TEACHER  
LETTER OF AGREEMENT**

---

**11759 Groat Road, Edmonton AB T5M 3K6**

**Phone: 780.427.8776; Fax: 780.422.2663; Website: [www.yoga.ca](http://www.yoga.ca); E-mail: [cert@yoga.ca](mailto:cert@yoga.ca)**

To: YAA Hatha Yoga Teacher Training and Certification Committee  
Yoga Association of Alberta

Re: Senior Teacher for \_\_\_\_\_  
YAA TTP Student

To Whom It May Concern:

I hereby agree to be YAA Certified Senior Teacher for the above-named student. I am familiar with the *YAA Hatha Yoga Teacher Training Syllabus and Certification Guidelines*. I agree to take the responsibility of having the above-named student apprentice with me for the duration of his / her registration within the YAA Hatha Yoga Teacher Training Program.

Sincerely,

\_\_\_\_\_  
Senior Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Teacher (Print Name)

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Please return this letter to Yoga Association office.)

**YOGA ASSOCIATION OF ALBERTA**

**YAA CERTIFIED INTERMEDIATE TEACHER  
LETTER OF AGREEMENT**

---

**11759 Groat Road, Edmonton AB T5M 3K6**

**Phone: 780.427.8776; Fax: 780.422.2663; Website: [www.yoga.ca](http://www.yoga.ca); E-mail: [cert@yoga.ca](mailto:cert@yoga.ca)**

To: YAA Hatha Yoga Teacher Training and Certification Committee  
Yoga Association of Alberta

Re: Intermediate Teacher for \_\_\_\_\_  
YAA TTP Student

To Whom It May Concern:

I hereby agree to be Intermediate teacher for the above-named student. I am familiar with the *YAA Hatha Yoga Teacher Training Syllabus and Certification Guidelines*. I agree to take the responsibility of having the above-named student in my weekly hatha yoga classes and to collaborate with his / her YAA Certified Senior Teacher in supervising the student.

Sincerely,

\_\_\_\_\_  
Intermediate Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intermediate Teacher (Print Name)

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Please return this letter to Yoga Association office.)

**YOGA ASSOCIATION OF ALBERTA**

**YAA CERTIFIED SENIOR TEACHERS  
(Certified for > 10 years; Practicing yoga for > 20 years)**

<b><u>Name</u></b>	<b><u>Location</u></b>	<b><u>Name</u></b>	<b><u>Location</u></b>
Baker, Richard	Barrhead	Krebs, Gerda	Sherwood Park
Bardoel, Rose	Edmonton	Kunimoto, Val	Lethbridge
Bram, Frema	Edmonton	Labonte, Katherine	Cochrane
Bunton, Catherine	Edmonton	Langenberg, Marcia	Edmonton
Carnegie-Fehr, Paula	Red Deer	LeBlanc, Mary	Duffield
Cassady, Edie	Edmonton	Lindner, Oda	Ontario
Checknita, Melanie	Edmonton	Maskey, Nora	Calgary
DeSorcy, Lonnie	Calgary	McAmmond, David	Calgary
Dodd, Kathy	Calgary	McCann, Beth	Edmonton
Dumont, Linda	Edmonton	McConnell, Marion (Mugs)	Scotch Creek, BC
Dunbar, Bonnie	Calgary	Meyer, Elfriede	Edmonton
Dusel, Patty	Sherwood Park	Michielsen, Elisabeth	Courtenay
Duxbury, Isa	Edmonton	Mirus, Judith	Edmonton
Eastham, Barbara	Calgary	Moore, Beverley	Sherwood Park
Eder, Carole	Edmonton	Nash, Kathy	Calgary
Erdmann Boyko, Chris	Sherwood Park	Nash, Newton	Calgary
Eshpeter, Helen	Drayton Valley	Nixey, Evelyn	Saskatoon
Fairhurst, Betty	Edmonton	Radyo, Anna	Edmonton
Frick Istvanffy, Claudia	Calgary	Randolph, Joan	Sherwood Park
Hamdon, Karen	Edmonton	Robinson, Dorothy	Edmonton
Hyndman, Teddy	Edmonton	Ross, Barbara	Calgary
Irwin, Alison	Edmonton	Sartore, Glenda	Sherwood Park
Irwin, Jeanne	St. Albert	Sielecki, Anita	Edmonton
Jeong, Julie	Edmonton	Strachan, Ken	Edmonton
Jobanputra, Manju	Calgary	Ursuliak, Zena	Edmonton
Johannesen, Shirley Jayanta	Peachland	Vogel, Dariel	Westbank
Jones, Melanie	Edmonton	Waschuk, Ann	Red Deer
Kilarski, Dawn	Camrose	Wilson, David	Edmonton
Kitchen, Margot	Calgary	Yapp, Paul	Edmonton

See [www.yoga.ca/find-a-teacher/](http://www.yoga.ca/find-a-teacher/) for current up-to-date list and contact information.

**YOGA ASSOCIATION OF ALBERTA****YAA CERTIFIED INTERMEDIATE TEACHERS  
(Certified for > 6 years; Practicing yoga for > 10 years)**

<b><u>Name</u></b>	<b><u>Location</u></b>
Ackerman, Angie	Vancouver
Bell-Hiller, Audrey	Edmonton
Boehm, Kat	Edmonton
Breau, Barbara	Red Deer
Campbell, Donalee	Ardrossan
Chavda, Taruna (Tina)	Edmonton
Cheshire, Pat	Athabasca
Deneka, Barb	Sherwood Park
Dombro, Lawrence	Edmonton
Evans, Sonja	Calgary
Forster, Rhonda	Airdrie
Foster, Rachel	Canmore
Gaumont, Jill	Fort Saskatchewan
Gehrke, Colleen	High River
Grant, Wendy	Golden, BC
Hagen, Barbara	St. Albert
Haggard, Neil	Edmonton
Headrick, Sandra	Spruce Grove
Hong, Nancy	Calgary
McGettigan, Sharon	Hinton
Michie, Erin	Calgary
Miller, Jennie	Wainwright
Moskie, Pam	Camrose
Oster, Wanda	Red Deer
Parr, Sandra	Edmonton
Scott, Keely	Edmonton
Sharma, Skjei	Calgary
Sharp, Lynnnda	Edmonton
Smyth, Diane	Edmonton
Whitehead, Val	St. Albert

See [www.yoga.ca/find-a-teacher/](http://www.yoga.ca/find-a-teacher/) for current up-to-date list and contact information.