

**TEACHER TRAINING PROGRAM  
APPLICATION FORM**

**YOGA ASSOCIATION OF ALBERTA**  
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 entry into the YAA-TTP, an applicant must be at least 18 years old, a resident of Alberta, and a full member of the YAA.***

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

- Up-to-date YAA Full Membership** (\$30/year or \$350 lifetime) – attach cheque or pay online through the website.
- TTP Application Fee** (\$200) - attach cheque or pay online through the website.
- 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 One syllabus of *Asana / Pranayama Required Practices (Appendix C)* and is ready and suitable to enter into a yoga teacher training program (may be sent directly to the Coordinator at the email address above).
- Details of at least 2 years of recent regular attendance in hatha yoga classes or workshops** including names of instructors, locations, type of classes, dates, and approximate number of hours. **If you are unable to provide this information, we require that the above-mentioned reference letter be an endorsement from a YAA Senior Teacher who is willing to apprentice you in the program.**

1. For how many years have you practiced yoga regularly? \_\_\_\_\_ years.
2. For how many years have you taken hatha yoga classes? \_\_\_\_\_ years. (Attach details as outlined above.)
3. Are you presently teaching Yoga? If so, how long have you been teaching and how often do you teach? \_\_\_\_\_  
\_\_\_\_\_
4. What aspects of Yoga most interest you or are part of your practice? Do you follow a particular lineage or style?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Why do you want to take the YAA TTP?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What do you expect to learn?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. 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.

\_\_\_\_\_  
\_\_\_\_\_

8. 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? \_\_\_\_\_

9. A Senior Teacher must be chosen within 4 months of entering the program. If already chosen, please print his / her name here, and ensure that you also submit signed *Apprenticeship Agreement*, upon admission: \_\_\_\_\_

10. An Intermediate Teacher is optional, and must work in conjunction with a Senior Teacher. If already chosen, please print his / her name here, and ensure that you also have them sign the *Apprenticeship Agreement*: \_\_\_\_\_

11. Do you wish to be included in the YAA Teacher Directory (online and in print) as a YAA-TTP Student? Yes / No



The information on this form is used to determine eligibility in YAA programs and may be made available to the Executive, Certification Committee, yoga teachers and staff at the YAA. By signing below, I affirm that the information herein and all documents attached to this application are correct, complete and true to the best of my knowledge. I have read, understood and accept the stipulations of the Teacher Training Program as outlined in the *YAA TTP Syllabus and Certification Guidelines* and will adhere to the *YAA Code of Ethics – Guidelines for YAA Certified Teachers (Appendix B)*. If indicated above, I agree to have my name, phone number, and training program 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 agree to receive commercial electronic emails from the YAA. I also give permission for photographs of myself taken at workshops to be used for publication purposes. My photograph can be used for YAA business or newsletter. 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, 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.

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

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: \_\_\_\_\_