

**TEACHER TRAINING PROGRAM  
APPLICATION FORM**

**YOGA ASSOCIATION OF ALBERTA**  
**11759 Groat Road, Edmonton AB T5M 3K6**  
**Phone: 780.427.8776; 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:
Present Occupation:	

The YAA-TTP is a Senior Teacher mentorship / apprenticeship-based program which requires a minimum of two years of training. The YAA-TTP is geared to mature students who will take responsibility to complete the requirements and are willing to learn and study under the supervision of their chosen Mentor. The application fee to register in the program includes a YAA Lifetime Membership and is strictly non-refundable, but there are no other upfront fees. 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.

**To apply for the YAA-TTP, please submit this form to the above address or email with the following:**

**TTP Application Fee (\$350) \* Includes Lifetime YAA Membership\*** - attach a cheque, send an etransfer to [yogaab@telus.net](mailto:yogaab@telus.net), pay online at [yoga.ca](http://yoga.ca), or call the office and pay over the phone with a credit card (780 427 8776). Application/membership fee is strictly non-refundable. All classes and workshops are on a pay-as-you-go basis.

**Character Reference** written by a yoga teacher or colleague who has known the applicant for at least two years, that verifies that the applicant is suitable to enter a yoga teacher training program (email may be sent directly to the Coordinator at [cert@yoga.ca](mailto:cert@yoga.ca)).

Please also provide the following information:

1. For how many years have you practiced yoga regularly? \_\_\_\_\_ years.
2. **Provide details of all previous attendance in hatha yoga classes or workshops** including names of instructors, locations, type of classes, dates, and approximate number of hours (use more pages if necessary).

Dates (Group by Year or Term)	Location	Instructor(s)	Type of Class or Workshop	Approx. Hours

3. What aspects of Yoga most interest you or are part of your practice? Do you follow a particular lineage or style?
4. Are you presently teaching Yoga? If so, how long have you been teaching and how often do you teach?
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 to fulfill your ten hours of karma yoga requirements?

9. A Mentor must be chosen within 4 months of entering the program. If a Mentor has already been chosen, please print name here and ensure that you submit a signed *Apprenticeship Agreement* upon admission. \_\_\_\_\_



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. You will be added to our mailing list and will receive commercial emails from the YAA as well as program updates. Photographs taken at YAA workshops or supplied by you may also be used for publication purposes. All other information is kept confidential. **If you do not want your photograph published, please inform the YAA office in writing or by email.**

**By signing below, I hereby affirm that all 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 hereby accept the stipulations of YAA Certification as outlined in the YAA TTP Syllabus and Certification Guidelines. I agree to adhere to the YAA Code of Ethics and Guidelines for YAA Certified Teachers (Appendix B). I understand that program requirements are subject to change during the course of the program.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Insert electronic signature or print, sign and return by email)

**Refund & Class Cancellation Policy:**

YAA application and membership fees are strictly non-refundable, but there is no other upfront tuition for the program. Classes and workshops attended are pay-as-you-go.

Registration with full payment to the YAA office is required for all YAA workshops, TTP classes, retreats, etc. Please register as soon as possible to avoid disappointment as class sizes are limited and may be cancelled if enrollment is low. Transfer of your registration to another participant is not permitted. Cancellation fees apply. All refunds are given at the discretion of the YAA. Once payment has been made to the YAA, you may qualify for an 80% refund if your space can be filled by another registrant. Cancellation due to illness (with a doctor’s note) or due to unforeseen emergency MAY qualify for a refund at the discretion of the YAA. Registered YAA-TTP Students may transfer one pre-paid Saturday TTP class payment to a future Saturday TTP class one time without penalty, after which the usual 20% cancellation fee will apply to missed classes. The YAA’s standard Cancellation Policy applies to Teaching Skills Workshops.

Please complete and return to [cert@yoga.ca](mailto:cert@yoga.ca)

Please also sign and submit the attached two waivers for online and in-person workshops.

## Release of IN PERSON Liability Waiver, YAA

In consideration of being allowed to participate in any way in The Yoga Association of Alberta's (YAA) programs, related events and activities, I acknowledge, appreciate, and agree to the following:

1. I am aware that the risks of injury and illness (for example, COVID-19, etc.) are possible when participating in these programs. Personal discipline, following particular rules and proper equipment may reduce these risks;
2. to my knowledge I have not been exposed to any serious infectious disease likely to cause a public health risk to those I am in close contact with, e.g COVID-19, in the past 14 days and am taking reasonable steps to avoid being exposed;
3. I will comply with the programs' safety policies and procedures and I am aware that the YAA reserves the right to refuse or revoke my registration or participation in these programs at any time for any justifiable reason;
4. I believe that I am in reasonable physical condition and I shall inform the teachers of any medical or psychological conditions, injuries, or limitations (including known or suspected pregnancy), both past and present that may affect my ability to participate in the programs;
5. I understand, accept and consent to reasonable verbal or physical adjustments as deemed necessary by the teacher. I agree to follow instructions carefully and to immediately stop any activity that causes me any unacceptable discomfort, emotional distress or pain, even if I am instructed to do so by the teacher. I will report this to the teacher immediately;
6. I knowingly and freely assume all physical and legal risks, both known and unknown, even if arising from the negligence of The Yoga Association of Alberta, providers, or others, and assume full responsibility for my participation;
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and indemnify The Yoga Association of Alberta, their officers, directors, officials, agents, members, teachers, assistants, and/or employees, staff, other participants, contractors, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, (collectively referred to as "Providers") with respect to any and all injury (physical, emotional or mental), illness and exposure to illness, disability, death or loss or damage to person or property, whether arising from the negligence of the providers or otherwise, to the fullest extent permitted by law;
8. I have read this release of liability and fully understand that these program activities have 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 and sign it freely and voluntarily without any inducement.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

(Insert electronic signature or print, sign and return by email)

## Release of ONLINE Liability Waiver, YAA

In consideration of being allowed to participate in any way in The Yoga Association of Alberta's (YAA) programs, related events and activities, I acknowledge, appreciate, and agree to the following:

1. I fully understand that I am participating in unsupervised, guided, ONLINE classes at my own risk. The risks of injury from the activities involved in ONLINE programs are possible, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of injury and illness do exist;
2. I believe that I am in reasonable physical condition and I shall inform the teachers of any medical or psychological conditions, injuries, or limitations (including known or suspected pregnancy), both past and present that may affect my ability to participate in the programs; and,
3. I understand, accept and consent to reasonable verbal adjustments as deemed necessary by the teacher. I agree to follow instructions carefully and to immediately stop any activity that causes me any unacceptable discomfort, emotional distress or pain, even if I am instructed to do so by the teacher I will report this to the teacher immediately;
4. I knowingly and freely assume all physical and legal risks, both known and unknown, even if arising from the negligence of The Yoga Association of Alberta, providers, or others, and assume full responsibility for my participation;
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and indemnify The Yoga Association of Alberta, their officers, directors, officials, agents, members, teachers, assistants, and/or employees, staff, other participants, contractors, sponsoring agencies, sponsors, advertisers, (collectively referred to as "Providers") with respect to any and all injury (physical, emotional or mental), illness, disability, death or loss or damage to person or property, whether arising from the negligence of the providers or otherwise, to the fullest extent permitted by law;
6. I have read this release of liability and fully understand that these program activities have 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 and sign it freely and voluntarily without any inducement.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

(Insert electronic signature or print, sign and return by email)