

**TEACHER TRAINING PROGRAM
APPLICATION FORM**

YOGA ASSOCIATION OF ALBERTA
11759 Groat Road, Edmonton AB T5M 3K6
Phone: 780.427.8776; Website: www.yoga.ca; E-mail: 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, willing to learn and study under the supervision of their chosen Mentor. There is a small application fee to register in the program, which is strictly non-refundable, but 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:

- Up-to-date YAA Full Membership** (\$30/year or \$350 lifetime) – attach cheque or pay online through the website. (Full YAA membership must remain current throughout the TTP and all certification levels. Please consider paying 2-3 years in advance.)
- TTP Application Fee** (\$200) - attach cheque or pay online at yoga.ca. Application fee and YAA membership are strictly non-refundable. All classes and workshops are registered for individually on a pay-as-you-go basis.
- Letter of recommendation / introduction from a yoga teacher with whom you have taken classes.** This letter should state that the student has familiarity with a well-rounded basic syllabus of asana and is ready and suitable to enter into a yoga teacher training program (email may be sent directly to the Coordinator at cert@yoga.ca).
- If you have less than 2 years of recent classes or you are unable to provide a reference letter, we require an endorsement from a YAA Senior Teacher who is willing to apprentice you in the program** (email may be sent directly to the Coordinator at 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 that you can fulfill your ten hours of karma yoga requirements?
9. A Mentor must be chosen within 4 months of entering the program. If already chosen, please print his / her name here. Upon admission, please ensure that you also submit signed *Apprenticeship Agreement*:



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. Your name and contact information may be listed in the YAA Teacher Directory which is published in Yoga Bridge and on the YAA website. You will receive commercial electronic emails from the YAA. 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 information 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. Furthermore, I have read, understood and accept the stipulations of YAA Certification as outlined in the YAA TTP Syllabus and Certification Guidelines and 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)

YAA WORKSHOP AND CLASSES FEES AND CANCELLATION POLICY:

Registration with full payment to the YAA office is required for all YAA workshops, TTP classes, retreats, etc. Phone registration without payment will be held for 7 calendar days. 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

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 that:

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; and,
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; and,
3. I agree to 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; and,
4. I believe that I am in reasonable physical condition and I shall inform the instructors 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,
5. I understand, accept and consent to reasonable verbal or physical adjustments as deemed necessary by the instructor. 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 instructor. I will report this to the instructor immediately; and,
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; and
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, instructors, 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; and,
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 that:

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; and,
2. I believe that I am in reasonable physical condition and I shall inform the instructors 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 instructor. 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 instructor. I will report this to the instructor immediately; and,
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; and
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, instructors, 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; and,
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)