| Yoga & meditation Teacher training Rishikesh,INdianada yoga & naturality | | | | |
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| Applicant contact Information | | | | |
| Name: | | | | |
| Date of Birth: | Gender: | Phone: | | |
| Current address: | | | | |
| City: | Province: | Postal Code: | | |
| Country: | Phone: | | Email: | |
| Cell: | Facebook: | | Skype: | |
| yoga training and health care training Information | | | | |
| Previous Yoga Experience  Please state where you have done yoga (ie. Community Centre, Yoga Studio, home, etc.) | | | | |
| Previous Professional Training in Yoga (Yes ) ( No) (Some) | | | | |
| If you did previous Yoga Training please state the Instructors Name and Name of Studio or School: | | | | |
| Additional Styles of Yoga Practiced: | | | | |
| Are you teaching yoga now or have you ever taught yoga? If so, where and for how long? | | | | |
| Would you consider yourself a beginner, intermediate or advanced student? | | | | |
| Additional Health-Care Training or Certification (please state name of program and school): | | | | |
| ADDITIONAL APPLICANT INFORMATION | | | | |
| Current Profession (Job): | | | How long? | |
| Previous Job or Profession? | | | How long? | |
| Tell us why you are interested in this YTT program? | | | | |
| Do you have Children?  If so, how many? Girls ( ) Boys ( ) | | | | |
| Medical history | | | | |
| Previous Surgery? Yes No (please circle one)  What was surgery for?  When and where did you have the Surgery (s)? | | | | |
| Do you have any specific medical conditions that we should know about? | | | | |
| Circle Any of the Following Conditions You Have or list a Condition that is not here:  High Blood Pressure or Low Blood Pressure  Arthritis  Rheumatism  Diabetes  Displaced Retina or Glaucoma  Allergy (Please State which ones)  Cancer  Aids | | | | |
| Are you on medication for any condition? | | | | |
| Doctors Name: | Doctors Phone Number: | | | |
| Health Card Number: | | | | |
| Next of Kin’s Name and Telephone Contact: | | | | |
| Additional Contact Name for Emergency: | | | | |
| Have you been advised not to do yoga or specific exercise? Yes No (circle one) If yes, Please explain: | | | | |
| YTT FEES in India $1550 us | | | | |
| Please circle the training dates you desire \* circle if you are interested in the November music festival  November 8th – December 8th 2015 music festival November 1 – November 7  February 26th – March 26th 2015  November 8th – December 8th 2016 music festival November 1 – November 7 | | | | |
| DEPOSIT - $550 US ( not refundable)  BALANCE OF PAYMENT - $ 1000 due 2 months prior to commencement of course   * This payment includes private apartment, 3 vegetarian meals per day, and special outings to sacred sites. It does not include transportation fees, visa, and airfare. * If attending music festival in November, accommodations & food run~$30 US daily, paid directly to ashram ( inquire for more details on the music festival) \* subject to availability   Payment may be made via PayPal to [admin@canadianyogicalliance.com](mailto:admin@canadianyogicalliance.com) (Canadian Yoga Alliance) or via email interact transfer to the account CANADIANYOGICALLIANCE.COM – email same as paypal account above – Please use YTTINDIA as the security answer. | | | | |
| \*Note- refunds must be negotiated directly with Nada Yoga in Rishikesh. Canadian Yoga Alliance is not responsible for refunds. | | | | |
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| Signature of Applicant | | | | Date |