



# YOGA ACADEMY OF NORTH AMERICA (YANA)

## APPLICATION FOR ENROLLMENT Yogic Studies and Teacher Training Courses 2012

SATYANANDA YOGA

Please print clearly in black ink and forward to YANA with all relevant documents

- Add additional pages where necessary.
- Information collected on this form will be dealt with in accordance with our Privacy Policy.
- Note that an application for enrollment does not guarantee a place. Entry to the course is competitive and applicants will be notified of the outcome as soon as possible. Additional supporting evidence may be requested.
- YANA does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

### Section 1: Enrollment

Mark with an "x" for which Module(s) you are applying

Module Name	Dates	Fee	Type of Enrollment *
<b>2012</b>			
<input type="checkbox"/> YS Level 1	1/21-2/4	\$2000	<input type="checkbox"/> New <input type="checkbox"/> Recommencing <input type="checkbox"/> RPL
<input type="checkbox"/> YS Level 1 One week*		\$1150	<input type="checkbox"/> New <input type="checkbox"/> Recommencing <input type="checkbox"/> RPL
<input type="checkbox"/> Teacher Training 2	4/14-4/28	\$2150	<input type="checkbox"/> New <input type="checkbox"/> Recommencing
<input type="checkbox"/> YS Level 1	6/16-6/30	\$2000	<input type="checkbox"/> New <input type="checkbox"/> Recommencing <input type="checkbox"/> RPL
<input type="checkbox"/> YS Level 1 One week*		\$1150	<input type="checkbox"/> New <input type="checkbox"/> Recommencing <input type="checkbox"/> RPL
<input type="checkbox"/> YS Level 2	10/6-10/20	\$2400	<input type="checkbox"/> New <input type="checkbox"/> Recommencing
<input type="checkbox"/> YS Level 2 One week*		\$1350	<input type="checkbox"/> New <input type="checkbox"/> Recommencing
<input type="checkbox"/> Teacher Training 1	11/3-11/17	\$1950	<input type="checkbox"/> New <input type="checkbox"/> Recommencing
*If enrolling for only one week of a course, please designate which week = _____			

Please affix one  
Passport style  
photograph

This is  
compulsory for  
all applications

- Check Recommencing ONLY if you have previously deferred from this module. Check RPL ONLY if you have been approved for RPL and are enrolling in YS1 through the 4-day RCC or Week 1 RCC option (see RPL guidelines)
- **Enrollment deadline is one month prior to the course start date.** An **Early enrollment discount** of \$150 is available if payment is received in full 90 days before the course start date. **A late fee of \$50** will be applied for enrollment and payments received after the course enrollment deadline.
- **A deposit of 25% of the standard course fee must accompany the application.** There is a \$50 application fee. If enrollment is not accepted, any payment received will be returned MINUS this fee.

### Section 2: Personal Information

Last name \_\_\_\_\_ First name \_\_\_\_\_  
 Initiation name (if applicable) \_\_\_\_\_ Initiation type (if applicable) \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_  
 State or province \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_  
 Mailing address (if different from above) \_\_\_\_\_

Female  Male  Are you at least 18 years of age? Yes  No  Date of birth \_\_\_\_\_  
 Country of birth \_\_\_\_\_ Nationality \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email Address \_\_\_\_\_

*Please include country code if outside USA*

#### EMERGENCY CONTACT

Name of person to be contacted in an emergency \_\_\_\_\_  
 Phone no \_\_\_\_\_ Relationship \_\_\_\_\_

### Section 3: Accommodation and Dietary Requirements

Accommodation is available on a 1st paid 1st served basis. Room preferences are not guaranteed. Refer to Handbook for pricing.

Accommodations required?  Single Room  Shared Room  Dates \_\_\_\_\_

Parking Needed?  Yes  No Make & model of vehicle \_\_\_\_\_

Please indicate any special accommodation requirements \_\_\_\_\_

Please list any medically advised dietary requirements \_\_\_\_\_

### Section 4: Learning Requirements

Are you able to meet the time commitments of the course, including intensive course requirements? Yes  No

Do you have any special learning needs? If so, please describe: \_\_\_\_\_

### Section 5: Yogic Information

Please indicate any previous **SATYANANDA YOGA®** Training

Module Name	Location	Year Module Completed -or- Date of Assessment, if still pending	Certificate Date

Please attach copies of completion certificates for each module

Other previous major yoga course \_\_\_\_\_

Location \_\_\_\_\_ Dates of course \_\_\_\_\_

Certification/Qualification Received \_\_\_\_\_

Organization/ yoga style/ tradition \_\_\_\_\_

Other previous major yoga course \_\_\_\_\_

Location \_\_\_\_\_ Dates of course \_\_\_\_\_

Certification/Qualification Received \_\_\_\_\_

Organization/ yoga style/ tradition \_\_\_\_\_

#### Yoga Practice

How long have you been practicing yoga? Number of years \_\_\_\_\_ Regularity \_\_\_\_\_

Have you attended a regular yoga class? Yes  No  For how long? \_\_\_\_\_

What style(s) of yoga do you practice? \_\_\_\_\_

#### Long term residence in a yoga center or ashram (if any)

Previous stays in a yoga center or ashram (if any) place \_\_\_\_\_ from / to \_\_\_\_\_

#### Yoga Teaching Experience (if any)

How long have you been teaching? Years \_\_\_\_\_ from / to \_\_\_\_\_

Average number of classes per week \_\_\_\_\_ Type of classes \_\_\_\_\_

## Section 6: References

How did you hear about the course? Website  Friend  Yoga teacher  Other \_\_\_\_\_

Please provide the names of yoga teachers who can attest to your suitability for this course.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

## Section 7: English Competency: Minimum Entry Requirement

Is English your first language? Yes  No

If English is not your first language, please provide evidence of possessing a minimum of grade 10 English.

## Section 8: Computer Literacy: Minimum Entry Requirement

Do you have access to a home computer? Yes  No

Do you have readily available internet access? Yes  No

How would you rate your computer knowledge and competence in the following? (please indicate level)

	None	Poor	Average	Good	Excellent
General Use					
Mircrosoft Word® Processing					
Email					
Internet Use					

Do you know how to send and receive attachments by email? Yes  No

## Section 9: Educational Skills & Qualifications

Degree or Level of Attainment earned	Major	Institution	Dates of Completion or Attendance

## Section 10: Employment

Current Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long have you had this position? \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long did you have this position? \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How long did you have this position? \_\_\_\_\_



## Section 13: Health Information

NOTE: Health information will be kept confidential and only disclosed to third parties unrelated to the Academy with your written consent.

*We welcome persons of varying abilities. However, you might find some asana practice, karma yoga activities and aspects of the course physically demanding. For example, some practices require physical exertion, heavy lifting, bending, long sitting or standing. The following information is required to ensure that student safety and needs are met.*

### Health Information: Physical

Please check  if you have had or do have any of the following conditions:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Muscular pain/cramps         |
| <input type="checkbox"/> Any chronic disease    | <input type="checkbox"/> Dizziness              | <input type="checkbox"/> Sensitivities                |
| <input type="checkbox"/> Any heart condition    | <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Stroke                       |
| <input type="checkbox"/> Any major injuries     | <input type="checkbox"/> Gastrointestinal ulcer | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Arthritis              | <input type="checkbox"/> Hernia                 |   |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> No known physical conditions |
| <input type="checkbox"/> Back Conditions        | <input type="checkbox"/> Joint pain/problems    |   |
| <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Low blood pressure     |   |

Please provide details of all conditions indicated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you Pregnant? Yes  No  Please indicate due date: \_\_\_\_\_

Are you currently taking any medication on a regular basis? Yes  No  If yes, please list.

Medication	Condition/Purpose	Dosage	Dates of Use

Please detail any acute or chronic health conditions or any condition which has caused you to miss two or more weeks of work or regular activity in the last three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your overall physical condition, including stamina, strength, flexibility, mobility: (check one)?

Excellent  Good  Average  Improvement Needed

Physical Limitations: Base on the information provided above, please indicate specifically what you cannot physically do:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a current medical doctor? Yes  No  If so, please provide contact details:

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Is this medical doctor aware that you are undertaking this course: Yes  No

## Health Information: Emotional/ Psychological

*PLEASE READ: Due to the emphasis of yogic lifestyle on personal growth and the nature of some yogic activities, this course can be emotionally challenging and psychologically rigorous. As such, this lifestyle is not appropriate or helpful to all persons at all times. The questions that follow are intended to assist in assessing your suitability to undertake the course, as well as help to ensure that you are provided with appropriate adjustments and guidance where necessary.*

Are you currently seeing or have you seen within the last 2 years, a professional for mental health, personal growth, and/or spiritual concerns (e.g. psychiatrist, psychologist, social worker, counselor, etc.)? Yes  No

If yes, please provide their name and phone number below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does this professional know you are planning to undertake this course? Yes  No

Have you ever undergone treatment for alcohol or drug abuse? Yes  No  When and for how long? \_\_\_\_\_

Please describe any current circumstances which might make your participation difficult at this time (e.g., recent loss of loved one or job, personal obligations, end of a relationship). \_\_\_\_\_

---

---

---

Have you ever been diagnosed with a psychological or psychiatric condition? Yes  No  If so, please describe the diagnosis, treatment administered and dates. List multiple conditions separately using another page, if necessary.

---

---

---

Are you currently taking medication for a psychological or psychiatric condition? Yes  No

If so, please indicate name of medication, for what condition prescribed, dosage and how long you have been taking it:

Medication	Condition/Purpose	Dosage	Dates of Use

Any other information: \_\_\_\_\_

## Section 14: Declaration

### ***Please read carefully before signing below:***

I attest that the information provided in this application is complete and accurate. If any information is found to be deliberately misrepresented I acknowledge that such inaccuracies may jeopardize my course enrollment.

I have read, understand and agree to abide by the conditions set out in this application and the YANA Student Handbook, and any modifications made to the YANA Student Handbook.

I give permission for the Education Director to contact the health professionals and yoga references listed concerning my suitability for enrollment in this module.

I understand that there are serious inherent risks with all physical activity and that when doing yoga or engaging in any similarly strenuous pursuit I may suffer minor or serious injury or even death. I further understand that this course can be emotionally and psychologically challenging. I assume responsibility for my own health, releasing the YANA, Atma Center, Kurukshetra, LLC and all instructors, staff, and volunteers, from any liability.

(Declarations Section Continued)

I understand that the information provided and designed by the Academy remains the intellectual property of the Academy and cannot be sold, reproduced or passed along or used in any form or by any means, graphic, electronic or mechanical without written permission from the Academy. I also understand and agree to all other aspects of the copyright and trademark sections in the Student Handbook.

I accept that Photographs and Recordings may be taken during the course and release YANA and the Atma Center from any liability in connection with any such use of recordings, photographs and/or videotapes.

If I am a non-US national, I understand that my personal information may be made available to the United States Government and its designated authorities upon request.

I understand that any other disclosure of any personal information will require my written consent.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 15: Discount & Payment Details** (a deposit of at least 25% of the standard course fee is required for application processing)

I am eligible for the following discount: Low Income Country  Early enrollment discount

Make check and money orders payable to: Yoga Academy of North America (YANA) in US Dollars only.

Check one:  Check/Money Order Ch/MO #. \_\_\_\_\_ Credit Card Type:  M/C  Visa  Discover

Payment now being made US\$ \_\_\_\_\_ Name on credit card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ 3 digit V Code: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

*Payment in full is required upon acceptance into the course and by the early enrollment deadline to be eligible for the early enrollment discount. Payment will be refunded if you are not accepted into the course. See Payment and Refunds section of the Handbook for details.*

**Application Checklist**

- Have you completed Sections 1-15?
- Have you attached a recent photograph?
- Have you signed and dated the application?
- Is payment in full or deposit included?
- Have you attached proof of residency or citizen status for the Low Income Country Discount, if applicable?
- Have you attached a copy of your BYB or other Yogic Studies or Teacher Training certificate(s), if applicable?
- Have you attached additional sheets, if necessary?

Send completed form to:

**Attn: Enrollment  
Yoga Academy of North America  
2319 Lee Road  
Cleveland Heights, OH 44118 USA**

You may also send the application by:

Fax: 1-216-371-9780  
Email: [info@yogaacademyna.org](mailto:info@yogaacademyna.org)

Call or email with questions:  
Phone: 1-216-371-9760

**Office Use Only**

This Application is: Approved  Not Approved

Application Approving Signature \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Date & Method of Notification \_\_\_\_\_

**Recommencements Only: Attending Residential?** Yes  No

Foreign Country Discount Approved: Yes  No

Discount Approving Signature: \_\_\_\_\_

**Module(s) Fee:** \$ \_\_\_\_\_

**Less approved Discount** \$ \_\_\_\_\_

**Less Early Enroll. Discount** \$ \_\_\_\_\_

**Plus Housing Fees** \$ \_\_\_\_\_

**Plus Other Fees** \$ \_\_\_\_\_

**Plus Resource Folder Fee:** \$ \_\_\_\_\_

**Plus Late Fee:** \$ \_\_\_\_\_

**TOTAL FEES** \$ \_\_\_\_\_

Deposit paid, if applicable \$ \_\_\_\_\_

Payment Processed by \_\_\_\_\_ Date \_\_\_\_\_