



SATYANANDA YOGA

YOGA ACADEMY OF NORTH AMERICA (YANA)

APPLICATION FOR ENROLLMENT Satyananda Yoga Nidra® Training Course 2012

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

- **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.
- 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: Personal Information

<p>Please affix one Passport style photograph</p> <p style="text-align: center;">This is compulsory for all applications</p>	<p>Last name _____ First name _____</p> <p>Initiation name (if applicable) _____ Initiation type (if applicable) _____</p> <p>Street address _____ City _____</p> <p>State or province _____ Postcode _____ Country _____</p> <p>Mailing address (if different from above) _____</p> <p>Female <input type="checkbox"/> Male <input type="checkbox"/> Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date of birth _____</p>
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Country of birth _____ Nationality _____

Home Phone _____ Work _____ Mobile _____

Please include country code if outside USA Email Address _____

EMERGENCY CONTACT

Name of person to be contacted in an emergency _____

Phone no _____ Relationship _____

Section 2: 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 3: Learning Requirements

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

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

Section 4: Yogic Information

A major yoga course would include weekend or longer training courses; teacher training in any style; multi-day yoga conference; etc. *Please attach copies of completion/attendance certificates for each course*

Major yoga course _____

Location _____ Dates of course _____

Certification/Qualification Received _____

Organization/ yoga style/ tradition _____

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Certification/Qualification Received _____

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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 stay in a yoga center or ashram (if any) place _____ from / to _____

Previous stay 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 5: 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 6: 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.

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

Medication	Condition/Purpose	Dosage	Dates of Use

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). _____

Any other information: _____

Section 13: 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 Satyananda Yoga Nidra® Course Student Handbook, and any modifications made to the Satyananda Yoga Nidra® Course YANA Student Handbook.

I give permission for the Education Director and/or Course Coordinator to contact the 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.

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 Satyananda Yoga Nidra® Course 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 14: Payment Details (a deposit of at least 25% of the course fee is required for application processing)

Payment for housing may be made at a later date; please note that housing is available on a first-paid, first-served basis.

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; you do not have a confirmed spot in the course until your full payment has been acknowledged. See Refunds section of the Handbook for details about refunds.

Application Checklist

- Have you completed Sections 1-14?
- Have you attached a recent photograph?
- Have you signed and dated the application?
- Is payment in full or deposit included?
- Have you attached a copy of your 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

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

Office Use Only

This Application is: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Application Approving Signature _____ Date of Approval: _____ Date & Method of Notification _____	Module Fee: \$ _____ Plus Housing Fees \$ _____ TOTAL FEES \$ _____ Deposit paid, if applicable \$ _____ Payment Processed by _____ Date _____
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