



Yoga Alliance Certified 250 Hour Yoga Teacher Training
Application Form

Please fill out the application questions below and either send back via email to info@spynga.com or submit to Lisa Barkin @ Spynga, 477 Eglinton Avenue West, Toronto, ON M6N 1A8. We are a registered Yoga Alliance Teacher Training School and certified as a Private Educational Institution with the Federal Government of Canada. Teacher training students will receive an official tuition fee receipt and an official education and textbook credit (if applicable) for income tax purposes.

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (H): _____ (W) _____ (Cell) _____

SIN #: _____ (for tax credit purposes)

Email: _____

Present Occupation: _____

Date of Birth: _____

Application Questions:

1. Please give a short description of your yoga journey (include details of your practice like duration/time, time off from practicing, styles, etc.) and what has shaped your experience (teachers/life/inspiration)
2. What is your intention for wanting to take the Teacher Training Program?
3. What are your expectations from participating in this 225 Hour Training?
4. What aspects of Yoga most interest you and what aspects do you include into your home practice (if applicable)?
5. List your past yoga instructors and/or experiences, including:
 - o Classes, Workshops and Retreats taken. Please be specific including details on length of classes/workshops/retreats, where you took them and the instructor's name.
6. What are your interests outside of Yoga?
7. Please describe any injuries or medical conditions that may be a consideration in this forum of training.

❖ **Please print the following 5 pages and submit to Lisa Barkin at the address above.**

Health History Form

Emergency Contact (name / phone numbers): _____

Primary Care Physician: _____

Address: _____

Telephone: _____

Last Physical Exam: _____ Findings: _____

Have you had X-rays during the past 2 years? Yes No If Yes, what part of your body? _____

Present involvement in other healthcare: Yes No

Type of Provider: chiropractic physiotherapy acupuncture other

Family history: arthritis cancer diabetes heart disease spinal problems stroke

mental disease allergies other _____

Personal History:

Childhood diseases: measles mumps chickenpox other childhood diseases _____

Current medications: _____

Condition(s) treated: _____

Surgery/hospitalization: _____

Nature: _____

Date(s): _____

Injury (please specify): _____

Nature: _____

Date(s): _____

An accurate health history is important to share with the facilitators of the program so any considerations can be made. If your health status changes in the future, please let us know. All information gathered for purposes of this certified teacher training program is confidential.

Please indicate conditions you are experiencing, or have experienced. Indicate those you currently have or had with a circle. Please further explain any condition that you believe is imperative for us to have knowledge of.

Respiratory/Skin/Infections:

chronic cough

shortness of breath

skin conditions

asthma

emphysema

▣ difficulties breathing

▣ other _____

Cardiovascular/Other conditions/Soft tissue / Joint discomfort and its nature:

▣ high blood pressure

▣ diabetes (onset: _____)

▣ low blood pressure

▣ hypoglycaemia

▣ neck _____

▣ hyperglycemia

▣ low back _____

▣ heart attack. How long ago _____

▣ allergies – food _____

▣ allergies – environmental _____

▣ upper back _____

▣ shoulders _____

▣ heart disease. Type _____

▣ phlebitis

▣ cancer. Type _____

▣ arms/hands _____

▣ stroke

▣ arthritis. Type _____

▣ legs _____

▣ pacemaker or similar device

▣ blurred vision

▣ knees _____

▣ haemophilia

▣ feet _____

▣ other

▣ vision loss

▣ loss of sensation

▣ pregnant (due: _____)

▣ headaches

▣ glasses / contact lenses

Other:

- hot flashes
- chronic problems
- nerve pain / inflammation
- chronic fatigue
- contagious disorder
- nervousness/anxiety
- spinal disorder dizziness
- current injury
- osteoporosis
- swelling / edema
- dentures
- pins / plates / screws/ rods
- syncope (fainting)
- depression
- disorder of an organ
- insomnia
- sexual dysfunction
- excessive perspiration
- palpitations of the chest
- learning disabilities
- Sport Injury When: _____ Type of Injury: _____
- Motor vehicle accident When: _____ Type of Injury: _____
- none of the above other _____

Please expand and/or add any other injury or condition not mentioned above that could potentially limit or restrict certain realms of participation in the YTT:

I, _____ hereby agree to the following;

1. That I am participating in the Yoga Certified Teacher Training Program, Classes, Health Programs, or Workshops offered by SPYNGA INC., during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga and Cycling Classes, Health Programs, or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in the Yoga and Cycling Classes, Health Programs, or Workshops.
3. In consideration of being permitted to participate in the Yoga and Cycling Classes, Health Programs, or Workshops, I agree to assume full responsibility for any risks, injuries, or damages known or unknown which might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga and Cycling Classes, Health Programs, or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against SPYNGA INC., for injury or damages that I sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue SPYNGA INC., for any injury or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____

Signature of: _____

Name of Participant (please print): _____

Witnessed By: _____

Spynga The Yoga and Cycling Studio ® Yoga Alliance Certified 250 Hour RYTT Program

The Yogic way of life comes equipped with a range of moral standards. The teachers at Spynga Inc. have not only become familiar with these standards, but recognize the importance of maintaining a respectful student-teacher relationship, thus creating a safe and protected environment for which their students may develop physically, mentally and spiritually.

As yoga teachers, we agree to the following principles:

- To provide professional help without discriminating on the base of race, gender, sexual orientation, religion or national origin. We do not abandon students. If we are unable, or unwilling for appropriate reasons to provide professional help or continue a professional relationship, every reasonable effort is made for a continuation of instruction with another teacher.
- To maintain current knowledge of our yoga practices and teachings.
- To conduct our personal lives in a healthy and honest manor.
- To provide rehabilitative instruction only for those problems or issues that is within the reasonable boundaries of our competence and to make only realistic statements concerning the benefits of yoga.
- To establish and maintain appropriate professional relationship boundaries. As Yoga teachers, we have an ethical concern for the integrity and welfare of our assistants, students, and any other professional relationship we endure.
- To use our personal and professional knowledge for the benefit of the students we serve and not to secure an unfair personal advantage.
- Any contractual agreement should be discussed without hesitation in a straightforward, professional manor.
- We will correct any misrepresentation of our professional qualifications.
- We do not slander colleagues or other professionals.
- We demonstrate sensitivity in accordance with the beliefs and lifestyles of students and teachers.
- We avoid imposing our beliefs on others, although we may express them when appropriate in the Yoga class.
- We recognize the unique power of the student-teacher relationship. We avoid the following types of relationships with our students: business, close personal or sexual relationships, as they could impair our professional judgment or compromise the integrity of our instruction.
- We do not engage in harassment, abusive words or actions, or exploitative coercion of students or former students.
- All forms of sexual behavior or harassment with students are unethical, even when a student invites or consents to such behaviour; harassment is defined as, but not limited to, repeated comments, gestures, or physical contacts of a sexual nature.
- We do not engage in sexual or other harassment of current assistants, students, employees or colleagues.
- All student or teacher records kept or disposed of are entirely confidential.
- We treat all communications from students with professional confidence and it is our responsibility to convey the importance of confidentiality to all third parties including apprentices and assistants.
- We do not disclose student confidences to anyone, except: as authorized by law; to prevent a clear and immediate danger to someone.
- We obtain written consent of students before audio and/or video tape recording or permitting third party observation of their sessions.
- Knowingly soliciting another teacher's students is unethical.
- Any form of advertisement promoting our services must be described with accuracy

As Yoga teachers, we are part of a unique community and are expected to develop and maintain interdisciplinary and inter professional relationships.

We do not make:

- False, fraudulent, misleading, deceptive or unfair statements.
- A statement intended or likely to exploit a student's fears, anxieties, or emotions.
- A statement implying superiority compared with similar services

Acknowledged and Accepted: _____ (Signature) Date: _____