



Ananda Institute of Living Yoga

“Where Yoga Comes to Life”

Dear Friend,

Thank you for your interest in the Ananda Yoga Teacher Training (AYTT) program. This packet contains detailed information about the program and the application form. We hope you will join us for this unique and life-changing experience.

PROGRAM HIGHLIGHTS

Our approach to teacher training is based on the realization that *asanas* (postures) are not just stretches; rather, they are a state of natural, intuitive poise that radiates outwards from within. We believe that yoga teachers should not only instruct on safety, alignment and muscular aspects of an asana, but also convey the deep inner awareness and uplifted states of consciousness that is the true goal of any *sadhana* (yogic discipline).

Our Yoga Teacher Training program is part of the larger curriculum of Ananda Institute of Living Yoga. The goal of the Institute is to expand the light of yoga so that yoga can be a way of life for anyone and everyone. AYTT thus draws upon a large faculty of very experienced teachers whose expertise spans the wide range of yoga related subjects: *hatha yoga, raja yoga, yoga sutras, the Gita, Ayurveda* and yogic diet, meditation, and many more. This has enabled us to offer an unusually comprehensive program that meets and far exceeds the requirements of the Yoga Alliance 200 Level certification.

Also:

- AYTT is meant for aspiring yoga teachers as well as serious students who want to deepen their practice and integrate yoga into their lifestyle. While the main focus will be asanas, you will also learn classical mediation and *pranayama* (breathing and Life Force control) techniques, study essential yoga philosophy, and learn to apply the time honored techniques of yoga into your personal life.
- The training is designed to be a full-immersion, retreat like experience, but is also sensitive to the timing constraints of aspirants with full-time jobs. It is well worth the work you put into it, but you don't have to give up your week-day job.
- Our class size is small – we accept no more than 20 students. This means more individual attention for you. We offer a high quality curriculum and professional training. It is registered with Yoga Alliance at 200 hours, so graduates can immediately become Registered Yoga Teachers.
- Ananda Yoga itself is special – a truly unique, yet classical, approach to hatha yoga, viewing it above all as a spiritual practice. In addition to familiar asanas, you will learn powerful techniques that no other yoga tradition offers.
- Ananda is an established institution of yoga and meditation in the Seattle Area. Ananda also has nationwide and worldwide presence with several branches in the United States, India, Italy, and Switzerland. This means you will continue to receive valuable support after you graduate:
 - Our teachers are available to you when questions come up
 - Advanced training is offered by the Ananda Institute of Living Yoga and at The Expanding Light in Nevada City, CA.

ANANDA INSTITUTE OF LIVING YOGA

- Membership in an email Q&A forum where our teachers and fellow graduates come together to share information, ask and answer questions, etc.

MORE INFORMATION

The accompanying brochure provides more information about Ananda Yoga, Ananda Institute of Living Yoga, and the teacher training program. If you have any questions, our teaching staff will be happy to speak with you. Call us at 425-806-3700 or e-mail us at contact@instituteoflivingyoga.org

HOW TO APPLY

Simply fill out the accompanying application form and medical questionnaire, and send it with your deposit. We will contact you as soon as we review your application.

Blessings to you,

Willow Kushler

Director, Seattle Ananda Yoga Teacher Training Program

APPLICATION FOR YOGA TEACHER TRAINING PROGRAM

AT THE ANANDA MEDITATION TEMPLE, BOTHELL, WA

Please complete this form and the medical questionnaire and mail to: Ananda Meditation Temple, Attn: Willow Kushler, 23305 Bothell Everett Highway, Bothell, WA 98021. Or fax to: (425) 806-3788. All responses are strictly confidential.

PERSONAL INFORMATION

Name

Nickname

Name as you would like it to appear on
Certificate of Completion

Address

Email

Note: email address is required for program
participation

Phone: Day/Evening

Please provide an emergency contact name
and phone number for

(a) Personal

(b) Medical

PLEASE TELL US ABOUT YOUR YOGA PRACTICE

How long have you been practicing hatha yoga? _____

Which tradition(s) or style(s)? _____

How many days per week do you practice, and how long each day? _____

MEDICAL INFORMATION

All responses are confidential. We use this information only to better assist you during the program, not to screen participants (unless participation would be medically inadvisable). Attach additional sheets if necessary.

Name _____ Date of Birth _____

1. Briefly describe your current overall health
2. Describe any history (include dates) of back/spine/neck problems, and indicate whether they still give you problems. *Please be specific.*
3. Describe any history (include dates) of joint problems (knee, hip, shoulder, wrist, ankle, etc.), including joint repair/replacement surgeries. *Please be specific.*
4. Blood Pressure (circle one) **High / Low / Normal**. When was it last checked? _____
5. Describe any history of cardiovascular problems. If you don't have any cardiovascular problems but are considered to be "at risk", then please indicate this as well.
6. Circle any of the following difficulties you have had (or have) and explain the relevant specifics: **Diabetes / Osteoporosis-Osteopenia / Chronic headaches / Ulcers / Stroke / Seizures / Allergies / Asthma / Cancer / Frequent Dizziness / Other** _____
7. Women: are you pregnant? **Yes / No**. If so, when is your baby due? _____
8. Do you have any other limitations, dietary restrictions, or health concerns? If so, please explain.
9. Are you currently seeing a physician or a therapist for any physical or psychological conditions? **Yes / No**. If yes, what conditions?
10. Are you taking medication for any physical or psychological conditions? **Yes / No**. If Yes, then what medications are taken for which conditions and at what frequency?
11. If you have any learning disabilities, or other special physical or psychological circumstance, please explain below so we can better serve you during the program.

I hereby certify that the above information is correct to the best of my knowledge.

DATE PARTICIPANT'S NAME PARTICIPANT'S SIGNATURE

