



**Welcome to Fox Valley School of Massage
Certified Personal Trainer Program
Application requested by August 31, 2018
with Tuition to secure your spot in this program**

Fox Valley School of Massage in partnership with the National Council on Strength and Fitness (www.NCSF.org) are offering the opportunity to become a Certified Personal Trainer.

NCSF is a NCCA-accredited fitness certification.

Completion of this program will:

- * Allow you to sit for the NCSF exam and obtain national recognition as a NCSF-CPT
- * Upon passing the NCSF Exam - Your name listed on the United States Registry of Exercise Professionals®
Their mission is to secure recognition of registered exercise professionals for their distinct roles in medical, health, fitness and sports performance fields.
- * If you are a WI Licensed Massage Therapist – This program meets all of the required continuing education requirements for the State of WI Massage Therapy License renewal in 2019.
- * You will receive a certificate of completion from FVSM.

Before you enroll be sure you can attend all sessions as listed on our home page at www.fvsm.org and complete the enrollment process as outlined below.

Fill out the application and enrollment form and return them both to FVSM no later than August 31, 2018 to receive materials with plenty of time to prepare for the first day of class.

FVSM will email you when we receive your materials to confirm your spot in class.

Let us know if you have any questions.

Sincerely,

Stephanie Lynn Hall, MS, RDN, CSCS, NASM-PES-CES, E-RYT, NCSF-CPT

920-915-0744

FVSMinfo@aol.com

www.FVSM.org



FVSM 2018 APPLICATION PROCESS & CHECK LIST

Now that you have decided Fox Valley School of Massage is the right choice for you, complete the enrollment process.

Read the information below and then fill out the application and enrollment agreement form and mail them both to:

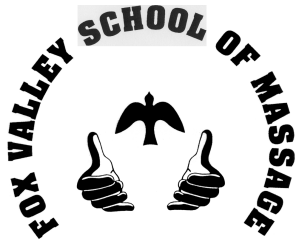
FVSM
Post Office Box 615
Neenah, WI 54957-0615 along with a copy of your current
Adult CPR-AED certification.

FVSM will email you when we receive your materials to confirm your spot in class.

- Application for Personal Training Program and Application fee \$50.00
- Current Adult CPR-AED Certification - in person class
- Enrollment form
- Tuition payment \$2000 (Payment can be made by cash or check)
- Yes No I Have you taken an Anatomy & Physiology class in the last 5 years
- Yes No I am willing to attend Thursday mornings at no additional cost to me to take Anatomy & Physiology at FVSM (I will have to buy my own textbook)
- Yes No Have you taken an Anatomy & Kinesiology class in the last 5 years?
- Yes No I am willing to attend Thursday afternoons at no additional cost to me to take Anatomy & Kinesiology at FVSM (I will have to buy my own textbook)

Next, gather supplies and check into liability insurance companies listed below to get ready to begin.

- Notebook & pen
- Highlighters
- Colored Pencils
- Workout clothes to wear to class
- Check into the following companies and investigate on your own options for liability insurance:
 - * IDEA 800-999-4332 www.idealife.com
 - * Sports & Fitness 800-844-0536 www.sportsfitness.com
 - * K&K Insurance 800-765-6422 www.kandkinsurance.com
 - * National Health Club Association 800-756-6422
 - * Check with your current home owners insurance - current business insurance.
 - NCSF Books, Workbooks, CD's etc will be distributed on the first night of class.



Fox Valley School of Massage / BI

Application for Admission

Office Use Only

Date App Rec'd
Actp Ltr Emailed
Date Tuition Rec'd
Paid Cash / Ck
Adult CPR-AED
Liability Insurance

Please type or print clearly

General Information:

Applying for: 2018 **Fall Personal Training Program** Application fee: \$50

Name _____

E-mail address: _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____ Male Female

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Cell Phone _____

Occupation: _____ Place of employment _____

Work address _____

Emergency phone numbers (day & night) _____

In case of emergency contact: _____ Relationship _____

Previous Fitness/Exercise and Related Education:

List and describe briefly. Use a separate sheet if necessary.

Educational Background:

(Please state your name on school record, if different) _____

Name _____ City/State _____ Dates Attended _____

Degree High School _____

Degree College _____

Tech/Vocational _____

Other Professional Courses _____

Health Status:

Allergies (to medication, foods, nuts, oils, latex, other) _____

Special medications needed: insulin, inhaler etc _____

Signed: _____ Date _____

Fox Valley School of Massage

2018 Enrollment Agreement Form for the Personal Trainer Program

Return this form with your Tuition to:

Fox Valley School of Massage

P.O. Box 615.

Neenah, WI. 54957-0615

Class Schedule: Initial the following:

_____ Enrolling for the September 2018 – December 2018

_____ I understand that I will be emailed homework that I will have completed for the first day of class. I will be familiar with the exercises emailed to me and will have made flashcards for the exercises as well as have practiced them to the best of my ability so that I am prepared to build on this knowledge base in the course.

_____ Tuition of \$2000.00 paid to secure spot in class.

Note: \$750 of the \$2000 is considered your tuition deposit and is non-refundable should you decide to not start the program. After the program has begun, should you decide to drop, tuition is nonrefundable.

For the questions below please circle either YES or NO

Yes No I Have you taken an Anatomy & Physiology class in the last 5 years

Yes No I am willing to attend Thursday mornings at no additional cost to me to take Anatomy & Physiology at FVSM (I will have to buy my own textbook)

Yes No Have you taken an Anatomy & Kinesiology class in the last 5 years?

Yes No I am willing to attend Thursday afternoons at no additional cost to me to take Anatomy & Kinesiology at FVSM (I will have to buy my own textbook)

While it is not required you take A&P and A&K if you have not, it will greatly enhance your knowledge base and professionalism as a Personal Trainer.

_____ I understand it is my decision to take A&P or A&K and if I decline I realize I am still responsible for this information.

By signing below you are agreeing to provide payment as indicated by your check mark above and you are signing that you understand the policies / procedures for FVSM's educational program.

Signature: _____ **Date:** _____

Name: _____ **Email:** _____

Phone: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Tuition Amount: \$ _____ **Cash or Check #:** _____