



APPLICATION PROCESS & CHECK LIST

Application requested by May 1, 2020 with Tuition Deposit

Fox Valley School of Massage and Body Integration 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®
- * For Licensed Massage Therapists – Completed all of the required continuing education requirements for the WI Massage Therapy License renewal in 2019.
- * You will receive a certificate of completion

Before you enroll be sure you can attend all sessions and complete the enrollment process as outlined below.

Fill out the application and enrollment form and return them by May 1, 2017. We will email you when we receive your materials to confirm your spot in class.

- Application for Personal Training Program
- Enrollment form completed with the application
- Tuition deposit \$750. Note this is Non-Refundable (Payment can be made by cash or check)

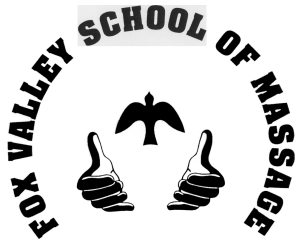
Gather supplies:

- Notebook & pen
- Highlighters
- Professional workout clothes to wear to class

We suggest checking 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. Note: ABMP does NOT cover Personal Trainers.

**NCSF Books & Workbooks will be distributed on the first night of class.
The NCSF Exam is included in the tuition fee of \$1800.00**



Fox Valley School of Massage

Office Use Only

Date App Rec'd
Actp Ltr Emailed
Date Tuition Rec'd
Paid Cash / Ck
First day payment

Certified Personal Trainer Application

Please type or print clearly

General Information:

Applying for: **Personal Training Program**

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 _____

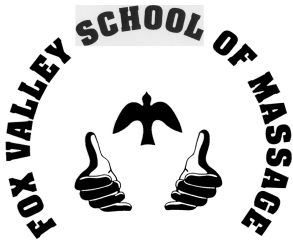
Other Professional Courses _____

Health Status:

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

Special medications needed: insulin, inhaler etc _____

Signed: _____ Date _____



Fox Valley School of Massage
Phone: (920) 915-0744
www.FVSM.org

2020-2021 Enrollment Form for the Personal Trainer Program
Return this form with your Tuition Deposit to:
Fox Valley School of Massage
P.O. Box 615.
Neenah, WI. 54957-0615

Class Schedule: See the website for details

_____ **Please initial that you are able to attend class as listed.**

Fox Valley School of Massage Personal Trainer Certification Tuition \$1800.00
Tuition includes all the books, needed materials and the NCSF Exam.

_____ **Tuition Deposit of \$750.00 paid to secure spot in class.**

(This tuition deposit is non-refundable)

_____ **I will pay the remaining tuition of \$1050.00 by August 1, 2020**

By signing below you are agreeing to provide payment as indicated by your check mark above.

Signature: _____ **Date:** _____

Name: _____ **Email:** _____

Phone: _____

Address: _____

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

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

Please initial:

_____ **I have read and understand the payment policies.**

_____ **I understand that attendance is required for each class to receive a certificate of completion**

_____ **I have been informed of resources for liability insurance**

_____ **I understand that personal trainers must be current in CPR-AED**