

Professional Fitness Instructor Training

Participant Registration & Assumption of Risk

Personal Fitness Trainer *Rehabilitative Exercise Specialist* *CEC Workshop*

Other _____

Start Date: _____ **Location:** _____ **T-Shirt Size:** M L XL XXL

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

e-Mail Address: _____

Employer: _____

Job Description: _____ Work Phone: (____) _____

Degree(s): _____ Certification(s): _____

Current CPR: Yes No Exp Date: _____ Current First Aid: Yes No Exp Date: _____

List any Physical Limitations _____

I understand that any physical activity involves risks ranging from minor irritations or soreness, to professional and/or personal debilitation or sudden death. The school/exam/workshop does involve physical activity. I assume the risk for any resulting injuries. I understand that any information dispersed - written, verbal, or demonstrated - is exclusively for the education of fitness trainers / instructors. I maintain sole responsibility for proper application of the information to myself, and others, as well as for the results. Any printed information is for the exclusive use of the school/workshop/exam attendee and may not be reproduced without written consent from Professional Fitness Instructor Training. No video recordings are allowed.

Signature

Name - Please Print

Date



CREDIT CARD PAYMENT INFORMATION

Credit Card Number: _____ Exp Date: _____

Issuing Bank: _____ Full Name as Shown on Card: _____

<i>PFIT Use Only</i>			
Date Recd: _____	Payment Method: _____	Amt Pd: _____	Bal Due: _____