



CERTIFICATION PROGRAM APPLICATION

| | | | |
|--|------------------------------------|--------------------------------|------------------------------------|
| 1. Name of Applicant (Last name, first name, initial) | | | |
| Salutation | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | | Age | |
| 2. Mailing Address | | Telephone | Ext. |
| Street/Postal Box | Suite/Apt# | Fax | Website |
| City | Prov/State | PC/ZIP | E-mail |
| 3. Check for the certification(s) for which you are applying. | | | |
| | | <input type="checkbox"/> | Sport Conditioning Coach |
| | | <input type="checkbox"/> | Marathon Coach |
| | | <input type="checkbox"/> | Sport Conditioning Yoga Coach |
| | | <input type="checkbox"/> | Sport Conditioning Nutrition Coach |
| 4. For which session(s) do you wish to register: | | | |
| | <u>Certification</u> | <u>Date (M/D/YY)</u> | <u>City</u> |
| <input type="checkbox"/> | Sport Conditioning Coach | _____ | _____ |
| <input type="checkbox"/> | Marathon Coach | _____ | _____ |
| <input type="checkbox"/> | Sport Conditioning Yoga Coach | _____ | _____ |
| <input type="checkbox"/> | Sport Conditioning Nutrition Coach | _____ | _____ |
| 5. Please indicate any professional certifications that you currently maintain. | | | |
| | | <u>Certifying Organization</u> | |
| <input type="checkbox"/> | Personal Trainer | _____ | |
| <input type="checkbox"/> | Group Fitness | _____ | |
| <input type="checkbox"/> | Strength Trainer | _____ | |
| <input type="checkbox"/> | Older Adult Fitness | _____ | |
| <input type="checkbox"/> | Yoga Teacher | _____ | |
| <input type="checkbox"/> | Other | _____ | |
| <p>Day One of the Sport Conditioning Coach and Marathon Coach certification programs focuses on anatomy and fitness fundamentals. Candidates with a certain professional certifications may apply to be exempt from Day One. Although opted out of Day one, the candidate will be required to write the corresponding portion of the exam. Note that certifications obtained through online courses will not qualify for the exemption.</p> | | | |
| <input type="checkbox"/> I would like to opt out of Day One and understand that I will be required to write the corresponding portion of the exam. | | | |
| <input type="checkbox"/> <i>Submit certification card from certifying organization with application.</i> | | | |
| 6. Please indicate any professional certifications that you have successfully completed in the past but do not maintain. | | | |
| | | <u>Certifying Organization</u> | |
| <input type="checkbox"/> | Personal Trainer | _____ | |
| <input type="checkbox"/> | Group Fitness | _____ | |
| <input type="checkbox"/> | Strength Trainer | _____ | |
| <input type="checkbox"/> | Older Adult Fitness | _____ | |
| <input type="checkbox"/> | Yoga Teacher | _____ | |
| <input type="checkbox"/> | Other | _____ | |

7. Do you have a post-secondary degree in a health/fitness related discipline? Yes No

If yes, please provide the following: Degree Institution Year of Graduation

Day One of the Sport Conditioning Coach and Marathon Coach certification programs focuses on anatomy and fitness fundamentals. Candidates with a health/fitness degree may opt out of Day One, but will be required to write the corresponding portion of the exam.

- I would like to opt out of Day One and understand that I will be required to write the corresponding portion of the exam.
- Submit diploma with application.

8. Do you currently work in the fitness industry? Yes No

9. Do you plan to use this certification to *enhance* your current fitness career or to *start* your fitness career? Enhance Start

| | | | | | |
|--|---------------------------------|---|--------------|----------|-----------|
| 10. PAYMENT – Please advise how you plan to pay. | | | | Subtotal | \$ |
| <input type="checkbox"/> Electronic Email | <input type="checkbox"/> PayPal | <input type="checkbox"/> Sport Conditioning Coach | \$450 + HST | - PROMO | \$ -50.00 |
| <input type="checkbox"/> Cheque | | <input type="checkbox"/> Marathon Coach | \$450 + HST | + HST or | \$ |
| <input type="checkbox"/> Payment Plan (electronic email) | | <input type="checkbox"/> Sport Conditioning Yoga Coach | \$1000 + HST | + GST | \$ |
| PROMO CODE | | <input type="checkbox"/> Sport Conditioning Nutrition Coach | \$450 + HST | TOTAL | \$ |

Signature of Applicant Name of Applicant Date

All candidates will be required to sign the following Waiver prior to the start of the certification course. ASSUMPTION OF RISKS AND RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY

In regard to my preparation for and participation in the North American Academy for Sport Fitness Professionals Course (herein called "Course"), including but not limited to the fitness activities and exercise held at the Course, I am aware that:

- a) fitness activities and exercise and participation in the Course exposes participants to many risks and hazards, some of which are inherent in the very nature of the training required, the Course, and fitness activities and exercise
- itself; others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging fitness activities and exercise;
- b) as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury (even death) or property loss;
- c) some of the aforesaid risks and hazards are foreseeable, but others are not;
- d) I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and the possibility of personal injury, death, property damage or loss, resulting therefrom and that, accordingly, my preparation for and participation in the aforesaid fitness activities and exercise and Course shall be entirely at my own risk; and
- e) I understand that the ORGANIZERS (The North American Academy for Sport Fitness Professionals (NAASFP), its officers, directors, employees, independent contractors, agents, affiliated clubs, sponsors, or volunteers) do not assume any responsibility whatsoever for my safety during the course of my preparation for or participation in the aforesaid fitness activities, exercise or Course.

Release of Liability, Waiver of Claims And Indemnity Agreement

I hereby acknowledge and agree, in consideration of being permitted to participate in the Course, as follows:

1. TO WAIVE ANY AND ALL CLAIMS, known or unknown, that I may have or may in the future have against the ORGANIZERS.
2. TO RELEASE THE ORGANIZERS from any and all liability for any and all personal injuries, loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer resulting from or arising out of my preparation for or participation in the Course DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE ORGANIZERS, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE ORGANIZERS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF FITNESS ACTIVITIES AND EXERCISE REFERRED TO ABOVE.
3. TO BE LIABLE AND TO HOLD HARMLESS AND INDEMNIFY THE ORGANIZERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from or arising out of my preparation for and participation in the Course.
4. The ORGANIZERS may videotape, audiotape and/or photograph me and retain the rights to use these items and may employ any or all of these for all commercial and non-commercial purposes without payment of any kind to me and without further notice to me or permission from me.
5. Each section, part, term and/or provision of this Agreement will be considered severable and fully-enforceable. In the event that any one or more of the provisions contained herein shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions of this Agreement, but this Agreement shall be construed as if such invalid, illegal or unenforceable provisions had never been contained herein.
6. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and personal representatives in the event of my death or incapacity.
7. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of Ontario, Canada. Any litigation involving the parties to this Agreement shall be brought solely within Ontario, Canada and shall be within the exclusive jurisdiction of the Courts of Ontario, Canada. In entering into this Agreement I am not relying upon any oral or written representations or statements made by the ORGANIZERS with respect to the safety of fitness activities and exercise and the preparation for and the participation in the Course, other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ASSUMING CERTAIN RISKS AND WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY HAVE AGAINST THE ORGANIZERS.

Office Use Only:

Date Received: _____ NAASFP ID # _____

Accepted Yes No Notified Yes No Date Notified: _____