

STRETCH TO WIN INSTITUTE
LEVEL I LOWER BODY FASCIAL STRETCH THERAPIST
REGISTRATION INSTRUCTIONS

Dear Prospective Student,

Thank you again for considering our program.

Please make sure that you meet one of the following requirements before you register for a Level I workshop:

Prerequisite:

- 1) licensed healthcare provider that uses manual therapy in their practice.
- 2) recent graduate from a healthcare professional program that included courses in gross anatomy and/or kinesiology.
- 3) movement instructor or movement therapist: must have or get thorough grounding knowledge in gross anatomy and kinesiology before classes begin.
- 4) personal trainer or strength and conditioning coach: must have or get thorough grounding knowledge in gross anatomy and kinesiology before classes begin.

If you do not meet the prerequisites:

If you do not have the required knowledge in anatomy and kinesiology or if you are not current with your knowledge, then we recommend that you first thoroughly and comprehensively study the first book listed. The second book is required reading for the course and the third is highly recommended. The fourth is an optional recommended DVD. Here are the direct links (some require an Amazon.com account to order):

1. [Stretching Therapy](#) by Jari Juhani Ylinen PhD
2. [Stretch to Win](#) by Ann Frederick and Chris Frederick
3. [Anatomy Trains: Myofascial Meridians for Manual and Movement Therapists 2nd ed](#) by Thomas W. Myers
4. [Primal Pictures: Anatomy Trains DVD](#) by Thomas W. Myers

After you have reviewed the above material you may proceed and register for a workshop by reading the next section.

If you meet the prerequisites:

Please proceed to the next page, read the instructions and complete the application as well as the brief practice test that you can use to grade your current knowledge base for this class.

Thank you and we look forward to seeing you at the next workshop,

Ann and Chris Frederick
Directors
Stretch to Win Institute

STRETCH TO WIN INSTITUTE
LEVEL I LOWER BODY WORKSHOP APPLICATION,
REGISTRATION & REFUND POLICY AGREEMENT

Instructions: Class size is limited in order to provide you the finest quality of education and training. The purpose of this application is to ensure us that you are appropriate for this workshop based on your experience and on your answers to the questions below. In the past, this entire application has proven to be a satisfactory way to ensure that the best prepared candidates are accepted into our workshops. If the class you are applying for is full then you will be notified of your option to be put on a waiting list or be accepted into another future class. All information on this form will be held in the strictest confidence. You will be notified whether you have been accepted and your credit card has been charged for the indicated amount below within 2 business days of receiving your application. Thank you.

Name: _____ Date: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____ How did you find out about our course? _____

Home phone: _____ Mobile: _____ Office: _____

Fax: _____ E-mail Address: _____

Website: _____ Occupation: _____

Current Degrees/Licenses/Certifications:

Years of work experience & position(s) in related field(s):

Please state whether you have ever been convicted of, pled guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country and if so, an explanation:

Please state whether you have ever had an application for a professional or occupational license, certificate, or registration, other than a driver's license, denied, rejected, suspended, or revoked by any jurisdiction of the United States or foreign country and if so, an explanation:

Please state whether you have any impairment to your cognitive, communicative, or physical ability to engage in the practice of Fascial Stretch Therapy™ with skill and safety and if so, an explanation:

What are your goals in attending this workshop? _____

Please list the essential qualities that make a great professional in your field: _____

I would like to enroll in the following course(s) being held

PLEASE READ OUR REFUND POLICY BEFORE SIGNING THIS FORM:

Refund policy: After notification of acceptance, a \$250 deposit is required when registering for this course or you may pay by installments for the Super Early Bird price if stated on the website. Final balance of workshop tuition is due according to the schedule posted on the Event Calendar at <http://www.stretchtowin.com/institute-workshops> then click on your course to see the current tuition cost. If you call to register, your place in the workshop will be held pending receipt of deposit within five working days. Payment can be made with check, money order, Visa, MasterCard or AMEX.

If you cancel 31 or more days from the start date of the course then 50% of your deposit is a non-refundable administrative fee. The other 50% may only be applied toward another course if taken 12 months from the end of the cancelled course or it is considered non-refundable. If you cancel 30 days or less from the start date of the course then the full deposit is non-refundable and non-transferable. All cancellations must be received by us in writing to be considered valid and will be considered in force on the date it is received. If you cancel by email then please use the options of 'Return Receipt', 'Delivery Confirmation' and 'High Importance'. After the workshop begins, no refunds are issued or transfers allowed.

In the event of company-paid registration, the company has the right to cancel under the above policy. The student candidate must contact us to be given the option to pay the deposit, remain registered for the workshop and be the responsible party for the tuition.

International Students: Tuition payment must be in U.S. funds only. Students in Canada and foreign countries will be responsible for payment of any applicable custom duties.

Workshop cancellation: The Stretch to Win Institute reserves the right to cancel any workshop 30 days prior to the first class due to insufficient registration. In this case a full refund or transfer of tuition to another class will be offered. By signing this form you agree that we are not responsible for any other expenses incurred by you other than workshop tuition should it be necessary for us to cancel a workshop.

By signing your name below you release Chris & Ann Frederick, Stretch to Win and their employees, Stretch to Win Institute and their teacher's assistants from any and all liability from property damage, personal injuries and other claims arising from connection with your participation in this workshop. By signing this form, you also agree that you have read and agree to abide by our refund policy noted above.

If you provide us your credit card number on this form, your signature is taken as permission to charge your card according to the amount and installment schedule that you have noted below. If you have any questions, contact Robin, Institute Administrator, as noted below.

Check here if you will pay by check: _____. Check must be received in our office within 5 days of receipt of this registration or your place in the class will be forfeited. If we receive your check after 5 days, your registration will be placed last in the order of registrants for limited places in the class. You agree to this policy when you sign this form.

Credit card # _____ CVV # _____ Expiration date _____

Check one: VISA ____ MC ____ AMEX ____ Amount to be charged: _____

Check here to receive an installment payment plan agreement _____

Signature: _____

Date: _____

Please send this signed & completed form in one of the following manners:

- By fax to Stretch to Win at 480.394.0441.
- By scan & email to robin@stretchtowin.com
- By mail to:
 - Stretch to Win Institute
2525 S. Rural Rd., Ste 6N
Tempe, AZ 85282
Att: Robin

If you have any questions, please call Robin at 480-394-9121 (AZ MT). Thank you.