

**STRETCH TO WIN INSTITUTE**  
**CERTIFIED FASCIAL STRETCH THERAPIST - LEVEL 1**  
**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) passion for helping people and making significant improvements in the quality of many lives.
- 2) an open mind with a strong desire to integrate intuition with science, experience and knowledge.
- 3) working background in functional anatomy.
- 4) advanced clinicians: you will learn many new things in this workshop but recognize that our Level I classes are a wonderful mix of integrated professionals, from which all can learn and appreciate. Level III offers a separate medical track restricted to health professionals.

**Required and recommended reading for the workshop:**

First book listed below is required reading for the course. The second is highly recommended since it follows current fascial research, anatomy and kinesiology and we reference it highly in the course. The third is an optional recommended DVD for those that need to review anatomy interactively, especially from a fascial perspective. Here are the direct links (some require an Amazon.com account to order):

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

**If you meet the prerequisites:**

Please proceed to the next page, read the instructions and complete the application. Option: complete the attached brief practice test 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**

**CERTIFIED FASCIAL STRETCH THERAPIST - LEVEL 1 WORKSHOP APPLICATION**

**REGISTRATION & REFUND POLICY AGREEMENT**

(Instructions: please complete our application including payment options and read our refund policy before signing. 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 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?

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May we add you to our email list to receive occasional notices and updates? (We NEVER spam or sell your contact information to anyone).

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

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**PLEASE READ OUR COURSE CANCELLATION AND REFUND POLICY BEFORE SIGNING THIS FORM:**

1. Course cancelled more than 45 days from course start date: FULL REFUND MINUS \$50 ADMIN FEE or ONE TIME ONLY TRANSFER OF FUNDS TO BE APPLIED TO SAME COURSE TO BE TAKEN WITHIN 1 YEAR FROM CANCELLATION NOTICE (see TRANSFER POLICY in #3). Cancellation MUST be received in writing to be valid.
2. Course cancelled within 45 days from course start date: 50% REFUND or ONE FREE TRANSFER TO SAME COURSE TO BE TAKEN WITHIN 1 YEAR FROM CANCELLATION NOTICE (see TRANSFER POLICY in #3). Cancellation MUST be received in writing to be valid.
3. If after you cancel a course and you opt to transfer funds to be applied to another same course within a year and cancel again, you will FORFEIT your 50% refund and the funds become NON-REFUNDABLE.
4. After the workshop begins, no refunds are issued or transfers allowed.
5. If you have course credit on file and the price of that course has increased since you purchased it, you will be responsible for the difference in price in order to attend the course.
6. In the event of company-paid registration, the company has the right to cancel under the above policy. The student candidate must contact us in writing for the cancellation to be valid.

**International Students:** Tuition payment must be in U.S. funds only, unless stated otherwise on the website course description. Students in Canada and foreign countries will be responsible for payment of any applicable custom duties and/or taxes. This includes payment of shipping costs for a course DVD after full tuition has been paid.

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**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 course cancellation and 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 the full tuition amount according to the time deadlines noted on our website. The date you register for a course is the date we receive your application and that is the date that will determine if you meet the early discount price or not, no exceptions. You agree to this policy when you sign this form.

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. The date we receive your check is the date we use to determine if you meet the early price discount or not as noted on our website, no exceptions. You agree to this policy when you sign this form.

Credit card # \_\_\_\_\_ CVV # \_\_\_\_\_ Expiration date \_\_\_\_\_

Check one: VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ Amount to be charged: \_\_\_\_\_

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 [pippa@stretchtowin.com](mailto:pippa@stretchtowin.com)
- By mail to:
  - Stretch to Win Institute  
2525 S. Rural Rd., Ste 4N  
Tempe, AZ 85282  
Att: Pippa

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

Revised: 6/8/11