

REGISTRATION FORM

JUNE 1ST, 2018

PLEASE FILL IN THE FORM COMPLETELY AND PRINT CLEARLY. USE ONLY ONE FORM PER PERSON. This form may be copied for additional registrants. Please ensure form is fully completed. Keep a copy for your records.

2018 CPTN Personal Trainer Summit - Dare To Be Excellent!

JAPANESE CANADIAN CULTURAL CENTRE - 6 Garamond Ct., Toronto, ON, M3C 1Z5

CONTACT INFORMATION

Name: _____
 Street Address: _____
 City: _____ Province/State: _____
 Postal/Zip code: _____ Country: _____
 CPTN #: _____
 Email: _____
 Phone: _____ Fax: _____
 How did you hear about the CPTN conference?
 CPTN Website Conference Brochure CPTN Email
 CPTN Newsletter Social Media - Facebook Friend
 Club Other _____

HOW TO REGISTER:

ONLINE: **PHONE: 416-979-1654** - **EMAIL: education@cptn.com**
 Please have ready credit card number, and expiration date ready. Please complete registration form, scan and email.

METHOD OF PAYMENT

Visa MC Amex Money Order eTransfer

Card Number: _____

Expiry Date (mm/yy): _____

Authorized Signature: _____

Name on Card: _____

T-Shirt Size: sm _____ med _____ large _____ x-large _____

CANCELLATIONS AND NSF CHEQUES

Cancellation requests must be received in writing and postmarked prior to May 19, 2018. A processing fee of \$60.00 will be charged for all refunds. No refunds will be given after May 21, 2018. NSF cheques will incur a \$50.00 charge.

CECS REQUIRED (CHECK ALL THAT APPLY):

CPTN NSCA IYCA CSEP OFC

Registration incomplete without signed waiver on reverse side

REGISTRATION FEES: Please circle appropriate fee

(ALL FEES ARE IN CANADIAN DOLLARS)

CPTN MEMBERSHIP

(TAKE ADVANTAGE OF OUR MEMBER RATES) **\$50**

INTENSIVE SESSIONS	On/Before April 30 MEMBER			On/Before April 30 NON-MEMBER			After April 30 NON-MEMBER		
	Indiv.	Student	Group	Indiv.	Student	Group	Indiv.	Student	Group
FULL-DAY (8:00am - 5:00pm)									
Functional Aging Specialist Workshop	\$259	\$130	\$229	\$299	\$170	\$269	\$299	\$170	\$269
Kettle Camp	\$259	\$130	\$229	\$299	\$170	\$269	\$299	\$170	\$269
HALF-DAY (8:00am - 12:15pm)									
Intro to Cancer Exercise	\$149	\$99	\$129	\$199	\$139	\$169	\$199	\$139	\$169
Master Class Inversion	\$149	\$99	\$129	\$199	\$139	\$169	\$199	\$139	\$169
Using Mobility as a Foundation to Function	\$199	\$120	\$169	\$249	\$139	\$219	\$249	\$149	\$219
Advanced Rehab Techniques (8:00am - 11:00am)	\$120	\$70	\$99	\$160	\$99	\$130	\$160	\$99	\$130
HALF-DAY (2:00pm - 5:00pm)									
Refining Joint Mobility Exercises	\$120	\$70	\$99	\$160	\$99	\$130	\$160	\$99	\$130
Functional Fitness for Neuro-diverse Clients	\$120	\$70	\$99	\$160	\$99	\$130	\$160	\$99	\$130
The Art of Letting Go	\$120	\$70	\$99	\$160	\$99	\$130	\$160	\$99	\$130

Breakout sessions - May consist of all breakout sessions or a combination of half-day intensive + breakout

5 sessions for the day - includes lunch	\$259	\$119	\$209	\$299	\$189	\$269	\$299	\$199	\$269	\$359	\$259	\$329
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Group Rate = 3+ - All forms must be submitted at the same time.

*Student Rate: applies to high school and university students enrolled in full time studies in 2018. Copy of student ID required with registration.

CPTN Certification Renewal - 7 CEC Required
 Renewal will apply conference CECs.
 Proof of valid CPR and First Aid may be required.

1 Year*
\$75**

AMOUNT DUE

SUBTOTAL (add circled amounts)

+HST (13%)

TOTAL DUE

SESSION SELECTION

TIME	1st Choice	2nd Choice	INTENSIVE
8:00 to 9:00	FR1	FR1	
9:15 to 10:45	FR2	FR2	INT
11:00 to 12:15	FR3	FR3	
12:15 to 2:00	LUNCH & KEYNOTE YES NO		
2:00 to 3:30	FR4	FR4	INT
3:45 to 5:00	FR5	FR5	

Complete your session selection by filling in the last digit of the session code. Session codes precede the session names.

An email confirmation will be provided for registrations received by May 28th, 2018. Thereafter, confirmations can be picked up at the registration desk at the event site with your Summit package.

For fast and easy registration, register online (www.cptn.com) or via phone 416-979-1654

2018 CPTN PERSONAL TRAINER SUMMIT WAIVER OF LIABILITY AND CONSENT

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Please consult your physician prior to starting an exercise or fitness program, and prior to participating in this event.

This is a release of claims and by signing it I agree to the following:

1. I represent to the Certified Professional Trainers Network, hereinafter referred to as "CPTN" that I am in excellent physical health. I further represent that I do not suffer from any physical ailment or any cognitive impairment; and that I am not taking any medication or drugs which might cause me harm or limit my participation.
2. I understand and agree to abide by the conditions of the cancellation policy, session request and stand-by procedures and that pre-paid registration does not guarantee session requests.
3. CPTN may videotape, audiotape 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.
4. I consent that the information collected herein may be used to send me updates on CPTN offerings as well as marketing initiatives from select companies associated with CPTN.
5. I am aware that there are risks associated with participating in fitness activities and exercise. My participation is completely voluntary and I freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury death property damage or loss to myself or any other person as a result of my participation in fitness activities. I agree as do my heirs, next of kin, executors, administrators and assigns:
 - a. To waive all claims, known or unknown, that I have or may have in the future against CPTN including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners, lessees or exhibitors;
 - b. That CPTN is not liable or responsible for any damage to, loss or theft of my property;
 - c. To release and forever discharge CPTN from all liability for any personal injury, death, property damage or loss resulting from my participation in fitness activities due to any cause; including, but not limited to negligence, (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of CPTN;
 - d. To be liable for and to hold harmless and indemnify CPTN from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and all liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in fitness activities.
6. I agree that in the unlikely event of cancellation due to extreme conditions beyond the control of CPTN including, but not limited to Acts of God, Acts of Terrorism, medical advisory, or other conditions, my registration fee shall be non-refundable.
7. I consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the Conference.
8. I consent that the present waiver and consent has been drafted in English at my request.
Je consente à ce que la présente renonciation à réclamer et consentement soit rédigée en anglais à ma demande.

I have read, I understand and I hereby give my free and enlightened consent and agree to all of the foregoing.

Signature: _____

Print Name: _____

Date: _____