



Twist Conditioning Incorporated
 #12-1225 East Keith Road, North
 Vancouver, BC, V7J 1J3
 (604) 904-6556 xt 114 (888) 214-4244
 Fax (604) 904-6558

BOSU®

CERTIFICATION REGISTRATION FORM

Full Name						
Organization						
Street Address						
City						
Province/State						
Postal/ Zip						
Country						
Home Phone		() -				
Fax		() -				
E-mail		Would you like to be signed up for our free online newsletter? Yes No				
Occupation		Personal Trainer	Stength and Conditioning Coach	Coach	Sport Med	Other
Gender		Male Female				
Sport						
Certifications						
Post Secondary Education		Location:		Date of Completion:		

Are you CPR certified: Yes No If No intended date of completion: _____

Certification Cost

<u>Time Line</u>	<u>Option 1: Certification and Manual</u>	<u>X</u>	<u>Option 2: Certification, Manual and Bosu (+ \$15 Shipping)</u>	<u>X</u>
A) <u>Prior to 2 weeks from date</u>	\$149 + gst		\$299 + gst	
B) <u>2 weeks- day prior</u>	\$159 + gst		\$309 + gst	
C) <u>Day of delivery</u>	\$169+ gst		\$319 + gst	
D) <u>Host Site Staff:</u>	\$115 + gst		\$265 + gst	

All attendees must either bring their own Bosu for use on the day or purchase one from Twist at a discount
All host staff must register at least 2 weeks out from delivery date to qualify for special price

Visa/Mastercard _____ Expiry _____

Certification Date: _____ **Location:** _____

WAIVER: I certify that I am cognizant of all of the inherent dangers and risks associated with all fitness an conditioning. I agree that I shall provide health insurance or other applicable insurance to cover any personal injury or property damage sustained by the applicant while participating in Peter Twist's Certifications, and ensure the Applicant's protective equipment is in good working order. In consideration of the Applicant's participation Peter Twist's Certifications, the Applicant agrees that TCI, Exceletrate, its proprietors, employees, and participants will not be responsible for any accident or loss however caused. I hereby release the above parties from all claims, liability or damages which may arise as a result of such accident or loss.

I have read and AGREE with the WAIVER (signature) _____ Date _____

CANCELLATION / REFUND POLICY

If a registrant has chosen not to attend a course, they may cancel their registration providing the cancellation is received in writing at least 2 weeks prior to the published course or exam date. Candidates who cancel a course prior to 2 week deadline will be charged a \$25 (+ applicable taxes) cancellation fee. REFUNDS WILL NOT BE ISSUED LESS THEN TWO WEEKS PRIOR TO THE COURSE OR EXAM DATE.