

Healing Through Movement

• Fitness • Rehabilitation • Presentations • Publications

Post-Rehab Exercise for Health and Fitness Professionals
Presented by Terry Kane, BPHE, BSC (Physical Therapy)
Registration Form

Registrant Information

Mr. Mrs. Miss. Ms. Dr.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

This is my: Home Address Work Address

Home Phone: (____) _____

Business Phone: (____) _____

Fax Number: (____) _____

Cellular Phone: (____) _____

E-mail: _____

Website: _____

Occupation: _____

Employer: _____

Memberships:

BCAK BCRPA ACE CSEP Can-Fit-Pro

RMT AKA AFLA Other: _____

How did you hear about this course? _____

Course Fee:

\$249 prior to September 7, 2005

\$299 after September 7, 2005

\$349 after October 7, 2005

Method of Payment:

Cheque – Make Cheques Payable to “Rick Kaselj” Visa Master Card

Card #: _____

Expiry date (mm/yy): _____

Card Holder (print): _____

Authorized signature: _____

Returned cheques are subject to a \$25 fee.

Cancellation Policy:

- Full refund will be provided prior to September 15, 2005 with written notification.
- A \$50 administration fee will apply after September 15, 2005.
- No refund will be provided after October 7, 2005.

Waiver of Liability:

This is a release of claims and by signing it you do the following:

- (1) Represent to Healing Through Movement that you are in excellent physical health.
- (2) Health Through Movement, nor its presenters, staff and volunteers, host facility staff and management, and any other person involved in organizing the workshop or course, shall have any liability for any such injury or harm.
- (3) I understand and agree to abide by the conditions of the cancellation policy.
- (4) Healing Through Movement may videotape, audiotape or photography you, and Healing Through Movement retains 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 you and without further notice to you or permission from you.
- (5) I consent that Healing Through Movement may use the information collected on this for exclusive use of sending me updates on other Healing Through Movement events, products and services.

I have, I understand and, as in inducement to Healing Through Movement to allow me to participate in this workshop and/or course, I agree to the forgoing.

Signature: _____

Print Name: _____

Date: _____

After the Registration Form is Filled

Fax Registration Form To: (604) 6775425

Mail Registration form to:
Healing Through Movement
#85 – 20540 – 66th Ave
Langley, BC
V2Y 2Y7