

Registration Form

Native Fitness Week - Spring 2017

May 1st - 5th, 2017- Flagstaff, Arizona



Registration & Payment

To register, you must complete both of the following:
- send in this form with complete, accurate information
- include credit card information or a check payable to:

Institute for Sports, Health & Fitness
john@nativeamericanfitnesscouncil.com
fax: 928 774 3049
PO Box K, Flagstaff, AZ 86002
EIN 93-1335474 DUNS#788872039

Registrant Information

Name _____

Tribal Affiliation _____ State _____

Phone Work _____ Cell _____

Email _____ Choose Shirt Size S M L XL

Payment - due April 15th, 2017. A fee of \$35 will be added for each individual making payment after the above date.

Save by purchasing the All Access Pass (both certifications) or select individual certification.

- \$945.00 - All Access Pass Native Fitness Week - May 1st - 5th
- \$445.00 - Native Youth Fitness Leader Certification (2 days) - May 1st & 2nd
- \$625.00 - Personal Trainer Certification (3 days) - May 3rd - 5th

Payment (We do not accept Purchase Orders)

- VISA MC Check Money Order (payable to: Institute for Sports, Health & Fitness)

Credit Card # _____ 3 Digit Security Code _____

Expiration Date _____ CC Zip Code _____ Total Payment _____

Signature _____ Date _____

Cancellation Policy: To cancel and receive a refund, you must give written cancellation notice 2 weeks prior to the start of the event date. You will receive a refund payment minus a \$55.00 processing fee. Cancellations after that date & no shows will receive a full credit towards future NAFC trainings. NAFC reserves the right to cancel this event at any time and a full refund for registration fees only will be returned.

Native American Fitness Council

phone 928 774 3048 fax 928 774 3049

email info@nativeamericanfitnesscouncil.com website WWW.nativeamericanfitnesscouncil.com



Agenda
Native Youth Fitness Leader Certification
May 1st & 2nd, 2017
Flagstaff, Arizona

Agenda

Day 1

- 8:00 - 8:15 Check In
- 8:15 - 8:45 Introduction - Native Youth Fitness Needs
- 9:00 - 10:00 Teaching Group Activities Effectively
- 10:00 - 10:15 Break
- 10:15 - 12:00 Lesson Planning
- 12:00 - 1:00 Lunch
- 1:00 - 2:30 Fitness Games & Practice Teaching
- 2:30 - 2:45 Break
- 2:45 - 4:15 Traditional Native Games
- 4:15 - 4:30 Questions & Answers

Day 2

- 8:00 - 8:15 Check In
- 8:15 - 8:40 Group Introductions
- 8:40 - 9:15 Qualities of a Great Youth Fitness Trainer
- 9:15 - 10:00 Body Awareness Exercises
- 10:00 - 10:15 Break
- 10:15 - 12:00 Body Weight Exercises & Walking Program
- 12:00 - 1:00 Lunch
- 1:00 - 1:30 Goal Setting
- 1:30 - 2:15 Resistance Training
- 2:45 - 3:00 Break
- 3:00 - 4:15 Sports Training
- 4:15 - 4:30 Questions & Answers

Topic/Times Subject to Change



Agenda
Personal Trainer Certification
May 3rd - 5th, 2017
Flagstaff, Arizona

Agenda

Day 1

- 8:00 - 8:15 Registration
- 8:15 - 8:30 Introduction
- 8:30 - 10:00 Posture
- 10:00 - 10:15 Break
- 10:15 - 12:00 Body Mechanics
- 12:00 - 1:00 Lunch
- 1:00 - 2:30 Balance & Stabilization Training
- 2:30 - 2:45 Break
- 2:45 - 3:45 Flexibility
- 3:45 - 4:15 Resistance Training Lecture
- 4:15 - 4:30 Questions & Answers

Day 2

- 8:00 - 8:30 Introductions & Warm-up
- 8:30 - 10:00 Resistance Training Lower Body
- 10:00 - 10:15 Break
- 10:15 - 11:00 Resistance Training Core
- 11:00 - 12:00 Teaching Resistance Training
- 12:00 - 1:00 Lunch
- 1:00 - 2:30 Resistance Training Upper Body I
- 2:30 - 2:45 Break
- 2:45 - 4:15 Resistance Training Upper Body II
- 4:15 - 4:30 Questions & Answers

Day 3

- 8:00 - 9:45 Cardio Training Lecture
- 9:45 - 10:00 Break
- 10:00 - 12:00 Cardio Training Hands On
- 12:00 - 1:00 Lunch
- 1:00 - 2:00 Program Design
- 2:00 - 2:45 Resistance Training Hands On Test
- 2:45 - 3:00 Break
- 3:00 - 3:30 Professional Standards & Documentation
- 3:30 - 4:15 Functional Training
- 4:15 - 4:30 Awarding of Certificates

Topic/Times Subject to Change



Travel Information
Native Fitness Week
May 1st - 5th, 2017 - Flagstaff, Arizona

Training Site

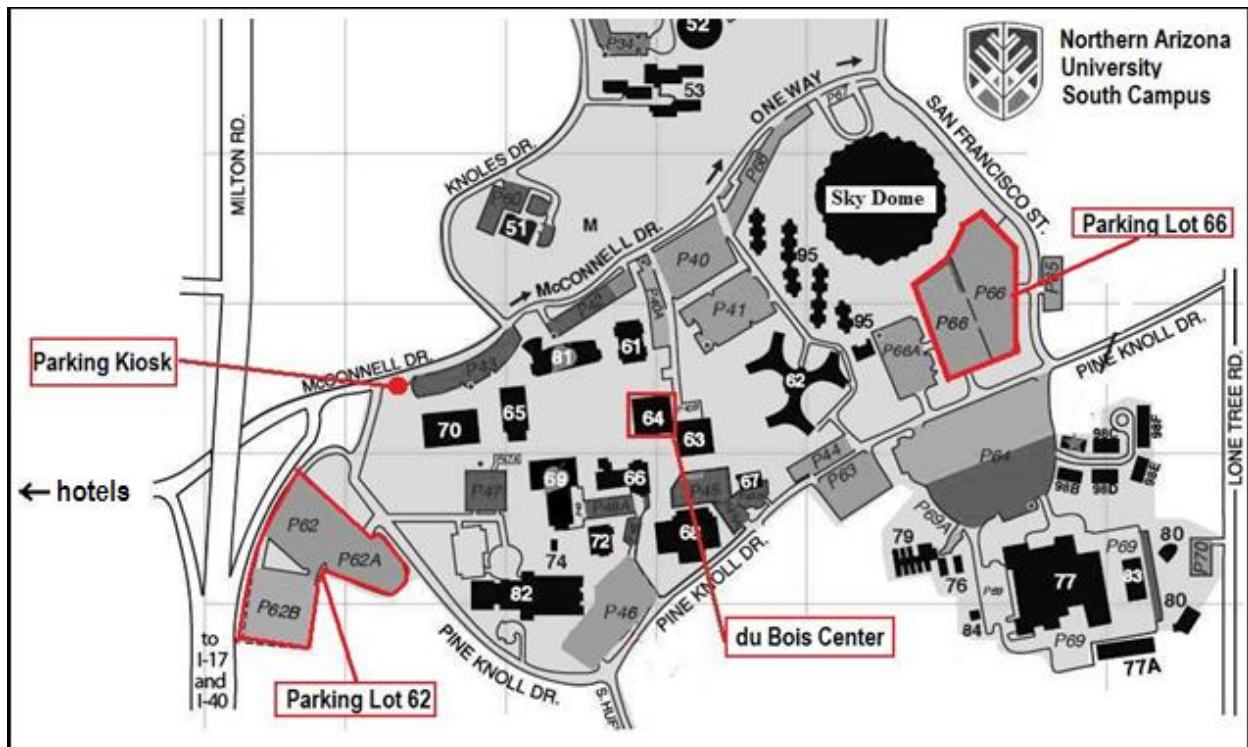
du Bois Center (ballroom 2nd Floor) - Northern Arizona University Campus
Northern Arizona University Building # 64, Phone: (928) 523-3321
306 E. Pine Knoll Dr. - Flagstaff, AZ 86011

* There is a slight chance the training site may change on the NAU campus due to construction. We will notify you only if that changes.

Parking on the Northern Arizona University Campus

Check on the latest parking information at <http://nau.edu/Parking-Shuttle-Services/Guest-Parking/> and follow the most current instructions if they have been updated from what follows.

All vehicles need a parking permit. We suggest you arrive 15 minutes early the first day . Purchase a multi-day pass to match days of your training at the kiosk. The parking kiosks only accept major credit cards. Pull up to the parking kiosk, select SC for south campus for the days you need a pass. Purchase the pass (about \$10/day) & properly display in vehicle. Park in lot 62 or 66 and proceed to the du Bois Center.



Meals on Your Own

Plan on having lunch at a local restaurant or eating at the dining services buffet (about \$10) at the training site.

Workout Clothing

NAFC teaches through hands on exercise. The movements are fun and many are non strenuous. Plan to participate at your own comfort & safety level as approved by your physician. Wear appropriate workout clothing (light jacket for outdoors) & gym shoes.

Local Airport

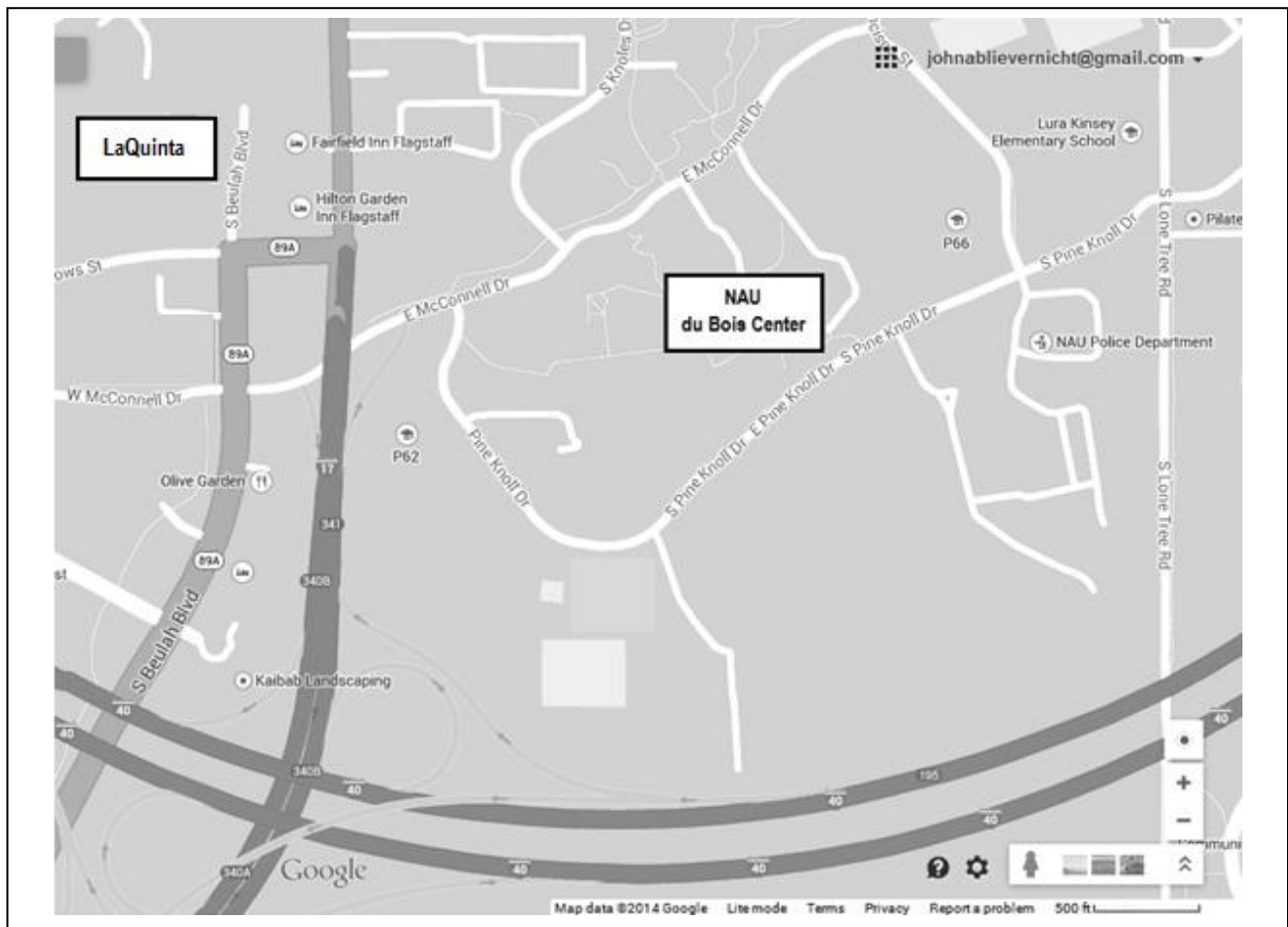
Pulliam (airport code FLG)
LaQuinta Inn does not provide shuttle.

Recommended Hotels

LaQuinta Inn & Suites (928) 556 8666
2015 S. Beulah Blvd, Flagstaff AZ 86001

You should be able to request & receive a "Northern Arizona University" Discount of 15% on current rates.

A number of other nice hotels are in the area and about a half mile walk from the training site. After the first morning, those without rides can often share one with attendees driving vehicles from the hotel.





Institute for Sports, Health & Fitness Information for Accounts Payable Departments

Contact Info

phone: 928 774 3048 fax: 928 774 3049 email: john@nativeamericanfitnesscouncil.com

Type of Payments Accepted We do not accept Purchase Orders

Credit Card - Visa or MasterCard

Check or Money Order - Made out to the: **Institute for Sports, Health & Fitness**

If Needing an Invoice

Email us with the invoice request and complete information you require. Please include Name of Organization, Name(s) of Attendee, Trainings Attending, Total Amount.

Financial Information

Institute for Sports, Health & Fitness LLC

EIN 93-1335474, DUNS# 788872039

2016 W9 below

Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give Form to the requester. Do not send to the IRS.																																																						
Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Institute for Sports, Health & Fitness																																																									
	2 Business name/disregarded entity name, if different from above																																																									
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																																																						
	5 Address (number, street, and apt. or suite no.) PO Box K		Requester's name and address (optional)																																																							
	6 City, state, and ZIP code Flagstaff, AZ 86002																																																									
	7 List account number(s) here (optional)																																																									
	Part I Taxpayer Identification Number (TIN)																																																									
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.				<table border="1"> <tr><td colspan="9">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="9">or</td></tr> <tr><td colspan="9">Employer identification number</td></tr> <tr><td>9</td><td>3</td><td>-</td><td>1</td><td>3</td><td>3</td><td>5</td><td>4</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Social security number												-						or									Employer identification number									9	3	-	1	3	3	5	4	7									
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Under penalties of perjury, I certify that:																																																										
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and																																																										
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I no longer am subject to backup withholding; and																																																										
3. I am a U.S. citizen or other U.S. person (defined below); and																																																										
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																																																										
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.																																																										
Sign Here	Signature of U.S. person ▶ <i>John A. Blum</i>			Date ▶ 1/1/17																																																						