

# Registration Form

## Native Fitness Week - Spring 2018

April 30th - May 4th, 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**  
PO Box K, Flagstaff, AZ 86002  
EIN 92-1335474 DUNS#788872039

### Registrant Information

Name \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ State \_\_\_\_\_

Phone Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Choose Shirt Size S M L XL

**Payment** - due date is April 12th, 2018. A late fee of \$35 will be added for each individual making payment after the due date.

Save by purchasing the All Access Pass (both trainings) or select individual session.

- \$945.00 - All Access Pass (Both Trainings) - April 30th - May 4th
- \$445.00 - Native Youth Fitness Leader Certification - April 30th & May 1st
- \$625.00 - Personal Trainer Certification - May 2nd - 4th

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 \_\_\_\_\_ 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 minus a \$55.00 processing fee. 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](mailto:info@nativeamericanfitnesscouncil.com) website [www.nativeamericanfitnesscouncil.com](http://www.nativeamericanfitnesscouncil.com)



**Agenda**  
**Native Youth Fitness Leader Certification**  
April 30th & May 1st, 2018  
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 Group Introductions
- 8:15 - 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 2nd - 4th, 2018  
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 Spring 2018**  
**April 30th - May 4th, 2018 - Flagstaff, Arizona**

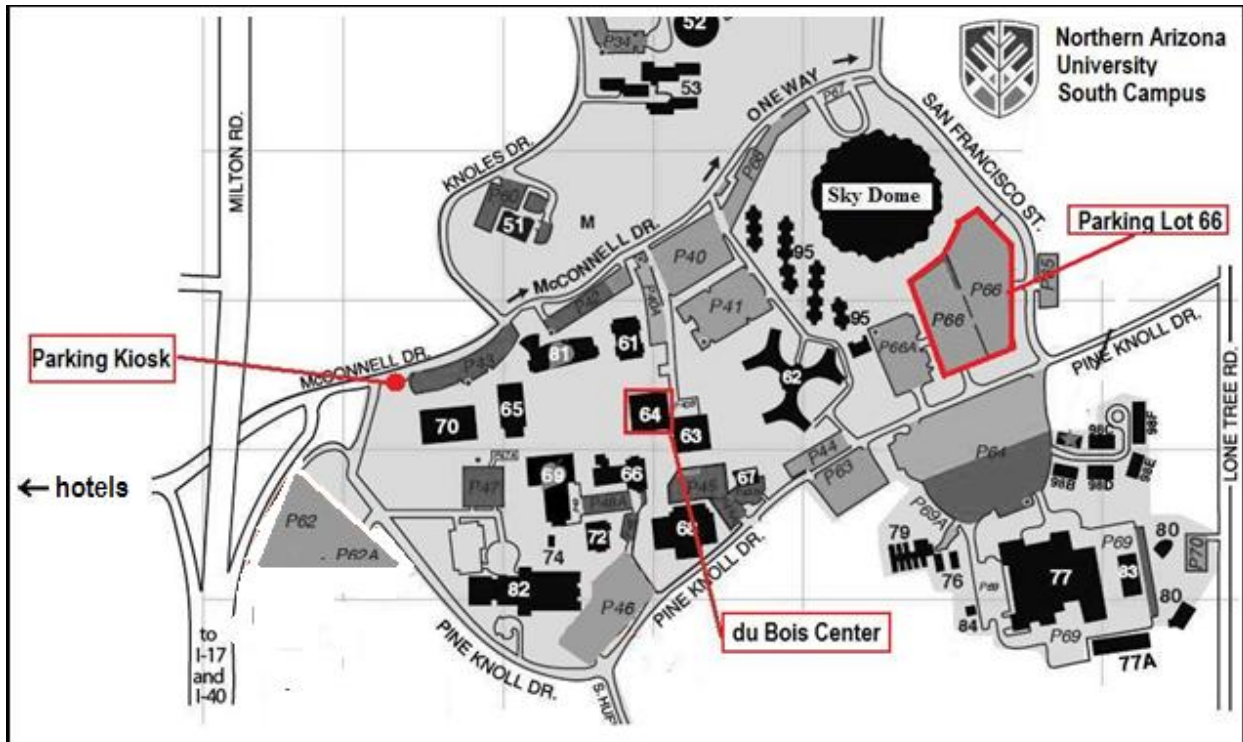
**Training Site**

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

**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 Parking Lot 66 (near the Sky Dome) for the days you need a pass. Purchase the pass (about \$7/day) & properly display in vehicle. Park in lot 66 and proceed to the du Bois Center.



## Meals on Your Own

Light refreshments are served each morning. It works best to plan on having lunch on-site at an eatery. The dining services on-site buffet is about \$11.

## Workouts

NAFC teaches through hands on exercise. The movements are fun and most 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

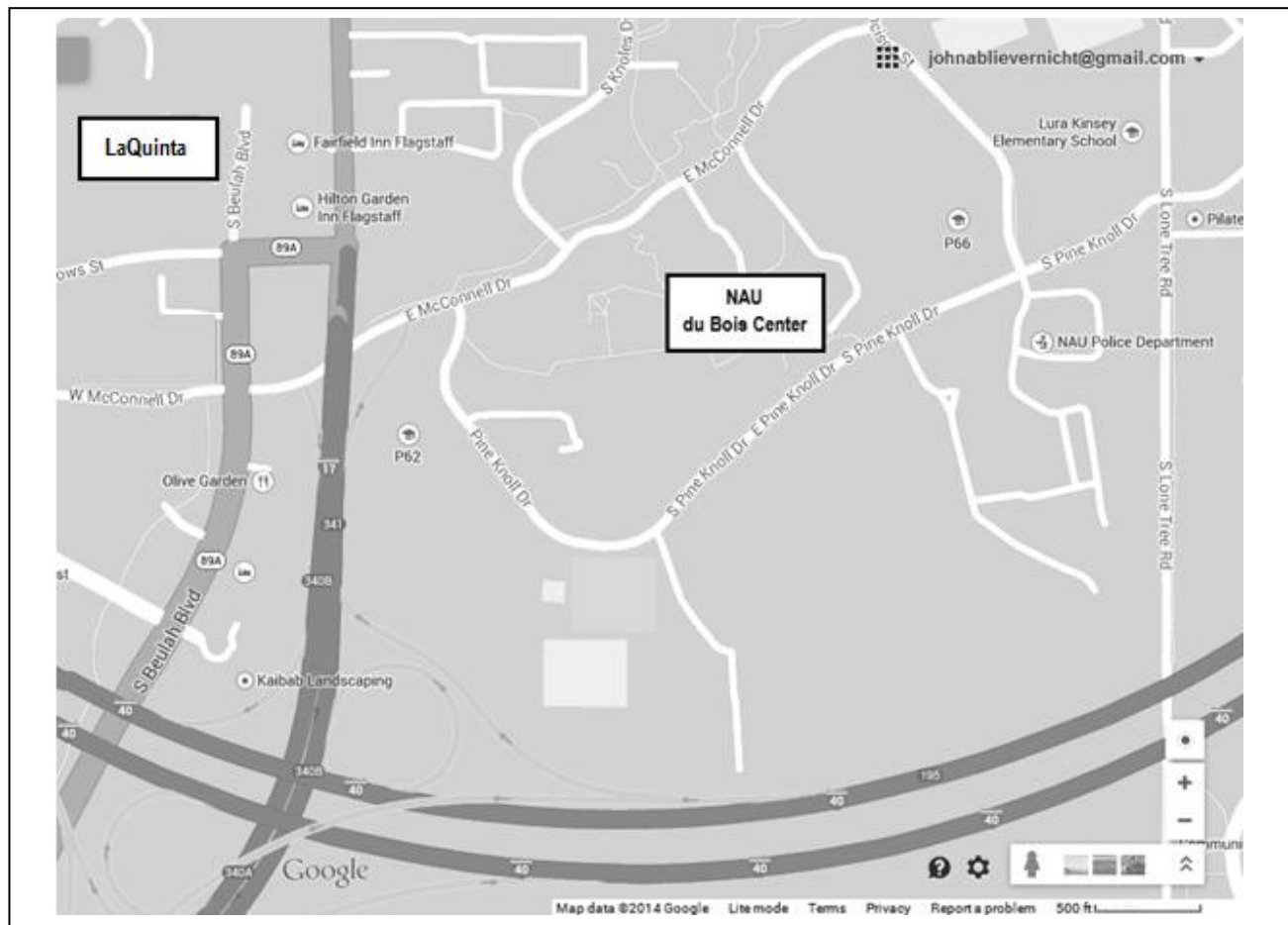
Pulliam (airport code FLG)  
LaQuinta Inn does not provide shuttle.

## 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 LaQuinta Inn 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.





**Accounts Payable Department Info on Institute for Sports, Health & Fitness**

**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 on the invoice. 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, W9 below.

Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer          Identification Number and Certification</b>	<b>Give Form to the          requester. Do not          send to the IRS.</b>														
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=S corporation, S=S corporation, P=partnership) ▶ _____ <small>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.</small> <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)															
<b>Part I Taxpayer Identification Number (TIN)</b> 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. <b>Note.</b> 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.																
		Social security number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table> or Employer identification number <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;">9</td> <td style="width: 25px;">3</td> <td style="width: 25px;">-</td> <td style="width: 25px;">1</td> <td style="width: 25px;">3</td> <td style="width: 25px;">3</td> <td style="width: 25px;">5</td> <td style="width: 25px;">4</td> <td style="width: 25px;">7</td> <td style="width: 25px;">4</td> </tr> </table>					9	3	-	1	3	3	5	4	7	4
9	3	-	1	3	3	5	4	7	4							
<b>Part II Certification</b> 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 am no longer 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.																
<b>Certification instructions.</b> 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.																
<b>Sign Here</b>	Signature of U.S. person ▶ <i>John A. Blinn</i>	Date ▶ 1/1/18														