



30 HOUR SHORT TERM CERTIFICATE PROGRAM

Student Enrollment Agreement

Last Name: _____ **First Name:** _____ **Middle:** _____
Address: _____ **City** _____ **State** _____ **Zip** _____
Home Phone _____ **Cell** _____ **DOB** _____ **SS#** _____
Email: _____

30 Hour Training Course Payment Options:

Plan A: (Pay in Full) - **\$595 Tuition**

Plan B: (Payment Plan) - **\$645 Tuition**

___ (Initial Deposit) \$ _____ Paid On _____
 ___ PIF \$595 Paid On _____
 ___ Workbook \$ 25 Paid On _____
 ___ CPR \$ 35 Paid On _____

___ (Initial Deposit) \$ _____ Paid On _____
 ___ (Total Deposit) \$295 Paid On _____
 ___ (Installment #1) \$175 Paid On _____
 ___ (Installment #2) \$175 Paid On _____
 ___ Workbook \$ 25 Paid On _____
 ___ CPR \$ 35 Paid On _____

TOTAL _____

TOTAL _____

Credit Card # _____
 Name on Card _____
 Check # _____
 Paid \$ _____ Cash

Exp. Date _____
 Type of Card _____
 Total Paid _____

I understand that under the terms of this agreement, WFA obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. Qualified personnel trainers in the procedures and traditions of World Fitness Association supervise all class sessions. The student hereby represents that he/she is physically fit to receive and participate in the prescribed course of instruction.

I understand and agree that WFA will not be held liable for injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators, employees or persons in charge of this establishment. I will faithfully comply with all the rules and regulations of the course and traditions of WFA. I further understand that failure to complete the course(s) does not relieve me of my obligation to pay the tuition in full. I understand and agree that missing two or more training classes causes ineligibility to graduate until the training classes are made up. I further understand and agree that failure to accumulate enough points to successfully pass the training course prohibits graduation. If I complete and/or make-up all classes missed I will be eligible to retake the exam(s) and graduate. If necessary, the course may be retaken for a fee of \$75

I understand and agree that an authorized payment over the phone to enroll in the program(s) is binding under the terms of this agreement. I understand that upon execution of this document, a time sensitive agreement has been entered into. An extension of time to complete this contract must be mutually agreed upon by the parties in writing.

I _____ (print name) understand and agree I am solely responsible for any and all costs, damages and expenses incurred by me as a result of any injury sustained by me. I also agree not to hold WFA or its staff or agents responsible in any way for such injury.

I _____ (print name) understand and agree that this is a NON-REFUNDABLE tuition (NO EXCEPTIONS) and enrolls me in the WFA program chosen above. This 30 Hour Personal Training Certification is good for 1 year from graduation date and can be renewed according to certification extension education guidelines.

In consideration of the agency relationship between WFA and the undersigned, I agree not to accept employment in any capacity with a client of WFA during my continuing relationship with WFA and for the period of six months after I am no longer an agent of WFA.

Student/Guardian Signature: _____

Date: _____