

Registration Form

Event Sponsor
**MILLE LACS
BAND OF OJIBWE**



Midwest Native Fitness Event 2019

July 16th - 19th, 2019 - Hinckley, MN



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 July 1st, 2019. 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 individual sessions.

- \$825.00 - All Access Pass (Both Trainings) - July 16th - 19th
- \$445.00 - Exercise & Aging Specialist Certification - July 16th & 17th
- \$445.00 - Medical Conditions & Exercise Certification - July 18th & 19th

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 receive a refund, you must give written cancellation notice 3 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 website www.nativeamericanfitnesscouncil.com



Agenda
Exercise & Aging Specialist Certification
July 16th & 17th, 2019 - Hinckley, Minnesota
Instructors: Brian Laban, Heidi Gabalski, John Blievernicht

Agenda

Day 1

- 8:00 - 8:15 Check In
- 8:15 - 9:00 Introduction - Native Elder Needs
- 9:00 - 10:00 Training Elders Effectively
- 10:00 - 10:15 Break
- 10:15 - 12:00 Functional Exercise Principles applied to Elders
- 12:00 - 1:00 Lunch
- 1:00 - 2:30 Functional Exercise Training - Hands On
- 2:45 - 3:00 Break
- 3:00 - 3:30 Tai Chi for Elders
- 3:30 - 4:15 Elder Chair Exercise
- 4:15 - 4:30 Questions & Answers

Day 2

- 8:00 - 8:30 Group Introductions
- 8:15 - 9:15 Special Needs common to Elders
- 9:15 - 10:00 Balance & Fall Prevention Training
- 10:00 - 10:15 Break
- 10:15 - 12:00 Flexibility Training to Prevent Injury & Maintain Movement
- 12:00 - 1:00 Lunch
- 1:00 - 1:30 Goal Setting
- 1:30 - 2:45 Resistance Training for Elders
- 2:45 - 3:00 Break
- 3:00 - 4:15 Keeping the "FUN in Functional" Innovative Workout Programming
- 4:15 - 4:30 Questions & Answers

Topic/Times Subject to Change



Agenda
Medical Exercise Instructor Certification
July 18th & 19th, 2019 - Hinckley, Minnesota
Instructors: Brian Laban, Heidi Gabalski, John Blievernicht

Agenda

Day 1

- 8:00 - 8:25 Introduction - The Fitness Professional's Role
- 8:25 - 8:45 Working with the Medical Community
- 8:45 - 9:15 Exercising with Medical Conditions
- 9:15 - 10:00 Special Conditions - Elders
- 10:00 - 10:15 Break
- 10:15 - 12:00 Chronic Disease & Exercise - Hypertension, Heart Diseases & Diabetes
- 12:00 - 1:00 Lunch
- 1:00 - 2:00 Special Conditions - Pregnancy/Postpartum, Overweight/Obesity
- 2:00 - 2:30 Chronic Disease & Exercise - Respiratory Diseases
- 2:30 - 2:45 Break
- 2:45 - 3:15 Chronic Disease & Exercise - Arthritis
- 3:15 - 4:15 Cancer & Exercise
- 4:15 - 4:30 Questions & Answers

Day 2

- 8:00 - 8:30 Warm-up & Introductions -
- 8:30 - 9:15 Relaxation Exercise Lecture- Breathing & Soft Tissue Mobilization
- 9:15 - 9:45 Balance & Coordinated Movement Patterns Lecture
- 9:45 - 10:00 Break
- 10:00 - 12:00 Relaxation & Balance Exercises Hands On
- 12:00 - 1:00 Lunch
- 1:00 - 1:40 Children & Adolescents
- 1:40 - 2:30 Functional Exercise System Lecture & Lower Body Hands On
- 2:30 - 2:45 Break
- 2:45 - 3:45 Functional Exercise System Upper Body Hands On
- 3:45 - 4:15 Hands On Practice Interacting with Clients
- 4:15 - 4:30 Questions & Answers

(instructors & agenda topics/times subject to change)



Travel Information
Midwest Native Fitness Event
July 16th & 19th, 2019 - Hinckley, Minnesota

Training Site

Meshakwad Community Center 1-320-336-0220
38043 Hinckley Road
Hinckley, MN 55037

The Meshakwad Community Center is a short half mile walk from the Grand Casino Hinckley Hotel.

Recommended Hotel

Grand Casino Hinckley Hotel 1-800-472-6321
777 Lady Luck Drive
Hinckley, MN 55037
Mention code NAFC715 and ask for the \$49.00/night rate.

Local Airport

Minneapolis - Saint Paul International Airport (airport code MSP)

Ground Transport

The suggested shuttle transportation from MSP Airport is Groome Transportation.
The cost is \$32.00 one way. Once in Hinckley, call the Grand Casino Hotel to be picked up.
www.groometransportation.com/duluth

Meals on Your Own

Light snacks and beverages will be provided in the morning. Meals are on your own.

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.



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

Contact Info

John Blievernicht phone: 928 774 3048 fax: 928 774 3049 email: johnablievernicht@gmail.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, Names of Attendees, Trainings Attending & Total Amount.

Financial Information

Institute for Sports, Health & Fitness LLC, EIN 93-1335474, DUNS# 788872039

Form <b style="font-size: 24pt;">W-9 <small>(Rev. November 2017) Department of the Treasury Internal Revenue Service</small>	Request for Taxpayer Identification Number and Certification <small>► Go to www.irs.gov/FormW9 for instructions and the latest information.</small>	Give Form to the requester. Do not send to the IRS.												
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														
<small>Print or type. See specific instructions on page 3.</small>	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ► _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. 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 instructions for Part I, later. 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> , later. <small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>														
		Social security number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												
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9	3	-	1	3	3	5	4	7	4					
Part II Certification 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.														
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 for Part II, later.														
Sign Here	Signature of U.S. person ► <i>John Blievernicht</i>	Date ► 1/1/2019												