

# Training Driven By Diagnosis

## Enrollment Form

I would like to sign up for Training Driven By Diagnosis (TxDx) course(s):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobil Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Age Group       Primary (1-6 grades)     Secondary (7-12 grade)     Adult / Pro

Signature \_\_\_\_\_

Under 18 – Signed by parent or guardian

### Fall 2016 – Starts 10/3/16

*Custom training times can be added for groups of 2-4 or as classes are full.*

*Training Schedule: 1/week @ Sat 11:00 am 2/week @ Tu & Th 7:30 pm 3 / week @ Tu, Th @ 7:30 pm, Sat @ 11*

<u>Course</u>	<u>Track (check 1-3)</u>	<u>Development Rate (check 1/track)</u>		
<input type="checkbox"/> <b>Muscle Strength &amp; Joint Balance</b>	<input type="checkbox"/> Scapula, Shoulder & Elbow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Knee & Ankle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Pelvis & Hips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Spine: Cervical, Thoracic & Lumbar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Wrist & Hand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week

### Winter Schedule & Finances on Back

# Winter 2017 – Starts 1/9/17

## Department – Individual Muscles & Joints

Custom training times can be added for groups of 2-4 or as classes are full.

Training Schedule: 1/week @ Fri 5:00 pm      2/week @ M & W 5:00 pm      3 / week @ M, W, F 5:30 pm

Course	Track (check 1-3)	Development Rate (check 1/track)		
<input type="checkbox"/> <b>Muscle Strength &amp; Joint Balance</b>	<input type="checkbox"/> Scapula, Shoulder & Elbow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Knee & Ankle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Pelvis & Hips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Spine: Cervical, Thoracic & Lumbar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Wrist & Hand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
<input type="checkbox"/> <b>Individual Joint Range: Flexibility &amp; Stability</b>	<input type="checkbox"/> Scapula, Shoulder & Elbow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Knee & Ankle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Pelvis & Hips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Spine: Cervical, Thoracic & Lumbar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week
	<input type="checkbox"/> Wrist & Hand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 / week

## ----- Office Use -----

### Finances

Term	Course	Track	X's / week	Cost / Track
Fall	Individual M & J	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
Winter	Individual M & J	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
	Individual J Range	_____	_____	_____
		_____	_____	_____
			<b>Total</b>	_____
			<b>Deposit (-)</b>	_____
			<b>Payment Plan Charge (+)</b>	_____
			<b>Balance Due 1<sup>st</sup> day</b>	_____ <b>or</b>
			<b>3 equal payments</b>	_____

Pay in full 1<sup>st</sup> day

3 payments – 1<sup>st</sup> day, 4<sup>th</sup> week, 7<sup>th</sup> week