



Go Primal Personal Training Certification
Application

Name: _____ **Date:** _____

Occupation: _____

Date of Birth: _____ **Email:** _____

Mailing Address:

Street: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____

Phone # () _____ **Massage Lic #:** _____

Formal Education:

Have you ever trained with a personal trainer? Y / N

Are you currently exercising now? Y / N

Why do you want to study with Go Primal to become a certified personal trainer?

Is there anything else you would like us to know about you prior to enrolling in the Go Primal Personal Training Certification?

Refund Policy:

Student who register for a Go Primal Fitness and Training Institute program and subsequently decide not to attend that program must notify Go Primal Fitness and Training Institute in writing in order to officially withdraw from the program.

Tuition refunds will be based on the date of official withdraw. The official withdraw date is the date that Go Primal Fitness and Training Institute receives the officially letter of withdraw.

The general tuition for enrollment into a Go Primal Fitness and Training Institute program is refundable in accordance with the following schedule when a student resigns from a program after completing the registration process.

Cancellations 151 days or more prior to the course start date receive 85% refund of the total amount of tuition paid to date.

Cancellations 121-150 days or more prior to the course start date receive 85% refund of the total amount of tuition paid to date.

Cancellations 91-120 days or more prior to the course start date receive 85% refund of the total amount of tuition paid to date.

Cancellations 90 days or less prior to the course start date receive no refund.

Transfer Policy:

Students who register for a Go Primal Fitness and Training Institute program and subsequently decide not to attend that program after the 90-day deadline for refunds may transfer our of the program enrolled and keep the remaining tuition balance as a Go Primal Fitness and Training Institute credit for use within 2 calendar years from date of

transfer.

My signature below indicates I have read and understand the above Terms and Conditions and agree to abide by them

Name: _____ Date: _____

Once complete, please fax to 352-372-5209