



New Fitness Leader Certification Form

Name: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ (h) _____ (w) _____ (cell) _____

Voluntary Self Declaration

Are you of Indigenous decent? Yes No I prefer not to disclose

I am between the ages of 18-29 30 – 39 40 – 49 50 – 59 60 – 69 70+

What other certifications do you hold? YMCA Can Fit Pro CFES CEP CPT Bellyfit Bender Ball

BTS CALA NIA NSCA Pace Pilates Urban Poling WaterART Yoga Zumba

Forever...in motion Other _____

Please describe the types of classes that you lead: _____

As of July 1 2014, Canadian Anti-Spam Legislation (CASL) prohibits us from contacting you electronically without your consent. In order to keep you informed with program updates, newsletters, invitations, event notices, notifications and any other materials via email, text, social media and/or any other electronic means, the **Saskatchewan Parks and Recreation Association requires your consent.**

Please select one of the following:

Yes I consent to receive electronic communications from the Saskatchewan Parks and Recreation Association. I understand that I can unsubscribe from receiving such materials at any time.

No I do not wish to receive electronic communications from the Saskatchewan Parks and Recreation Association.

Please ensure all documents and fees are sent in at the same time. You will need to include:

A copy of your **Practical Evaluation** signed and completed by an SPRA Course Conductor

A copy of your **Lesson Plan** used for the **Practical Evaluation**

A copy of your CPR (Minimum **Level A**) and Standard First Aid certificate(s). **must be current and within 2 years of date of issue. Blended CPR courses are accepted for New Fitness Leaders only**

Certification Fee of \$85.00 – Yearly Certification from January 1st to December 31st

Certification Fee of \$70.00 – Partial Year Certification from July 1st to December 31st

Certification Fee of \$50.00 – Partial Year Certification from October 1st to December 31st

Visa MasterCard Cash Cheque (Please make all cheques payable to SPRA)

Card Number: _____ Expiry Date: _____

By signing this form you are giving SPRA permission to post your name and place of residency on the SPRA website and to distribute information to individuals looking for SPRA Certified Fitness Leaders in the Province of Saskatchewan.

Signature: _____ Date: _____

Upon receipt of the above information and fees, your Certification will be effective until December 31st. Forms can be mailed to our office or faxed to (306) 780-9257 or emailed to fitness@spra.sk.ca. If you have any questions, please contact SPRA Fitness at 1-800-563-2555. Once your application has been processed, a certificate will be emailed to you.