



Personal Information

| | | |
|---------------|-----------------|---------------------|
| Name: First | Middle | Last |
| Address | | |
| City | State/Province | Postal Code Country |
| Home phone | Office Phone | Cell phone |
| Email address | Website Address | |

Class Interest

Which KMI training do you wish to attend? Please fill in the following details.

| <i>Check all that apply</i> | Location | Year |
|---|-----------------|-------------|
| Part I: Structural Vision | | |
| Part II: Structural Strategies | | |
| Part III: Structural Integration | | |

Attending an "Anatomy Trains for Manual Therapists" workshop is a pre-requisite. None of our other workshops can be substituted. Please provide the date, location and instructor for the course you attended or will be attending below.

| Date | Location | Practitioner |
|-------------|-----------------|---------------------|
| | | |

Have you attended any other workshop sponsored by Kinesis or Tom Myers in the past? If so, please complete below.

| Date | Title | Location | Instructor |
|-------------|--------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |

Have you received a 10-series or 12-series of structural integration bodywork? __No __Yes

| Date | Type of Series (KMI, Rolfing, Hellerwork, etc) | Practitioner |
|-------------|--|---------------------|
| | | |

Name

Please complete the following, If you need additional space, use a separate sheet of paper.

Please be specific and detailed.

What is your academic background? You will need to submit copies of certificates/diplomas. List degrees or certifications earned, name of school, and date of graduation. Include both academic and professional education. Be sure to list any state or national credentials you currently hold.

What is your current occupation and/or practice specialty? Please give a general account of your work history, particularly manual or movement training. Also include average number of clients per week and years in practice.

Personal Interests? So that we may get to know you better, please give us a brief summary of your hobbies and personal interests.

Why do you wish to learn Structural Integration through KMI? Please discuss your reason for enrolling in this training program and what you hope to gain from it.

Legal Infractions? Have you ever been charged or convicted of a crime – or plead guilty or no contest to a crime (other than minor traffic offenses)? List dates and details.

Name

Health

Please let us know if there are any specific physical health issues that we should be aware of (check all that apply and make special notes if necessary; useful for emergency hospitalization)

| | |
|---|--|
| Allergies | |
| High/Low Blood pressure | |
| Skin Conditions | |
| Spinal/Skeletal Problems | |
| Heart Conditions | |
| Neurological Problems | |
| Diabetes | |
| Diagnosed psychological or emotional conditions | |
| Medication (in case of emergency hospitalization) | |

You will receive certificates of attendance for both Parts I and II. Upon completion of Part III, you will receive a certificate of completion. **How should your name appear on the certificates?**

Emergency Contact Information

Who should we contact in case of an emergency?

Name

Relationship

State of residence

Home phone

Office phone

Cell phone

You can save and complete this application electronically. Please return along with items 1 & 2 below via email to: workshops@anatomytrains.com OR via fax to: 866-385-9977 or mail to Kinesis at the address below.

1. Copies of educational certificates showing licensure or certification (attendance certificates are not necessary)
2. Photo (an informal or professional 4x6 head shot of yourself)
3. \$500 deposit (checks payable to Kinesis. Call our office to pay by credit card)

Kinesis, Inc.
318 Clarks Cove Road
Walpole, ME 04573
207 563-7121 workshops@anatomytrains.com

KMI Registration Guidelines

- Acceptance into this program is entirely at the discretion of Kinesis
- All applications must be submitted with photo, certificates and deposit in order to be considered
- All parts must be taken in sequential order. In addition, there are the following prerequisites:

Part I:

- Prior attendance at an Anatomy Trains for Manual Therapists workshop. The 'Anatomy Trains for Movement' or other course titles cannot be substituted.
- Documented receipt of a Structural Integration series (KMI, Rolfing®, Hellerwork®, or the like) must be completed by Part I. If there are no practitioners in your area, please contact Kinesis to arrange receiving sessions during Parts I & II.

Part II:

- Three years practical experience in manual therapy after graduation from a recognized training program (exceptions are possible, but must be discussed with Kinesis well in advance)
- Part 1 or Parts 1 and 2 may be taken on their own by qualified persons for personal or professional development. Preference is given to students enrolled in all three parts
- Minimum enrollment numbers must be met in order for any course to commence as scheduled. Please refrain from securing travel arrangements until such announcement is made – usually no less than 8 weeks prior to class start dates.
- Tuition policy and Payment Plan information can be found in the KMI Training Catalogue on our website or by request through the office. If you have any questions or concerns about the policy please contact Kinesis to discuss it prior to submitting your application and deposit. All deposits are non-refundable once submitted unless your application is denied or course is cancelled. Tuition is due in full prior to the first day of class, unless a payment plan schedule has been established.