



Elemental CranioSacral Work

~Class Registration Form~

Thank you for your interest in attending a course in Elemental CranioSacral Work! Please take your time with the application, below, and fill out all that is asked of you to the best of your ability. Your time and care in doing so is greatly appreciated, and will no doubt contribute to a healthy and safe learning environment for all involved. I look forward to seeing you soon.

~ Brian

Your name (*as you want it for your Certificate*): _____

How you prefer to be called: _____ Preferred Pronoun _____

Primary email (preferred method of contact with students): _____

Primary phone #: _____ Secondary #: _____

Emergency contact: _____ Phone #: _____

Occupation: _____

Home address: _____

City: _____ State: _____ Zipcode: _____

How many hours of Board-approved hands-on schooling do you have? _____

Where did you attend this program: _____

Have you ever studied and/or received Craniosacral methods before? If so, when and where?

Please briefly describe your inspiration for enrollment in an ECSW course:

What do you hope to achieve with your enrollment?

Do you have any emotional, physical, or spiritual considerations which may impact your participation in this course?

If traveling from out of town, would you like lodging information? _____

Which 3 day course(s) are you applying for enrollment in (*prerequisites are required for enrollment in each course, namely, satisfactory completion of the course immediately preceding it. The Introduction Course is **not** a prerequisite class for any that follow*):

___ ECSW: An Introduction, 7 CEs, a 1 Day class (\$125 tuition)

___ C 1: Being in the Cranial Field

___ *Prerequisite: ≥100 CEs from a State approved Massage School or equivalent, yoga teacher training, and the like. A license to touch is not required to attend this course.*

___ C 2: Following the Path, Coupled and Asymmetrical Techniques

___ C 3: Tending the Fire; energetics of heat in the body, headache, migraine

___ C 4: The Flowing Waters; energetics of fluidity in the system, kidneys, energy

___ C 5: Roots; dynamics of groundedness, pelvic work and energetics

___ C 6: The Mountain Winds; air sinuses, on thinking and thought, illness

___ C 7: The Stillness of Being; stillness, long holds, long and primordial wave forms

Each ECSW course supplies the student with 21 CEs through NCBTMB (provider #858336). The current grand total of CEs provided by the courses amounts to 147 hours, not including homework and documented session work. In order to graduate from the program, the prospective student must have completed 10 documented sessions for each course taken and must have received 2 sessions from an ECSW approved, professional practitioner of Craniosacral methodology.

Tuition and Fees for all 3 day classes:

~\$500 cost (\$600 if participating in a solo course)

~ balance is due 14 days before the first day of class.

~ tuition is 50% refundable between 14 and 8 days before the start of class

~ tuition is non-refundable inside of 7 days before the start of the first day of class, but is transferrable **once**. Transferred tuition payments are non-refundable.

Please pay either:

- 1) by Venmo (@brian-loftin-12)
- 2) by check, payable to Brian Loftin LMBT
- 3) by cash
- 4) by credit card:

16 digit card number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _
expiration _ _ / _ _ security code _ _ _

Send all mail to:

Brian Loftin LMBT
56 Central Avenue, Suite 103,
Asheville, NC 28801.

For your own enjoyment and safety in this class and others, please initial each point below, that you understand and agree to the following:

This application is complete to the best of my knowledge.

I understand that my participation in class is not a substitute for my own personal treatment, and I absolve Brian Loftin and any participating person (teacher or student) in this course of any responsibility as to diagnosis, evaluation, and/or treatment of any conditions I may or may not have.

No portion of this class shall be a substitute for my own, professionally-supervised and administered health care.

I agree that I, the applicant, am not to solicit my own services or advertise my own therapeutic methods to fellow teachers or students—nor be solicited *to* in the same manner.

I will not discuss religion or politics in class, or in the environs of this class setting.

I agree not to electronically record any portion of this class, unless specifically allowed by the lead teacher.

I agree not to photograph other students in this course without their express permission.

I agree not to republish, copy, fax, or duplicate in any way, the intellectual property of this course, or any others that I may participate in. This may include course texts, handouts, slides, or audio recordings owned and provided for the benefit of each student by Brian Loftin. All materials provided to students are for their own personal usage.

If under any guidelines to wear masks or other personal protective equipment (PPE), I agree to do so for my health and that of my fellow students/teachers.

signature

date