

ENROLLMENT AGREEMENT
Certification in Orthopedic Sports Physical Therapy
(COSPT)

The Ola Grimsby Institute, Inc.
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This enrollment agreement is to be completed by students who have already completed the application process and have been accepted for admissions. The terms of this Enrollment Agreement are contained on (5) pages.

To Registrar: I understand that I have been accepted for admissions into The Ola Grimsby Institute, Inc. at the training location indicated below. I agree to follow the prescribed training program and maintain continuous enrollment through program completion. Upon completion of my program and tuition obligation, I will be awarded the designated certificate of completion.

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone (____) _____ Work phone (____) _____

E-mail address _____

Training location _____

Date of birth ____/____/____ Social Security No. _____

Employer _____

Address _____

City: _____ State: _____ Zip: _____

Name and relationship of closest relative _____

Relative's home phone (____) _____ Work phone (____) _____

Education

I understand that in order to be accepted into this program I must possess a Physical Therapy degree, and that I have a degree and active state license: yes no

COSPT Application

Health

Are there any health problems or disabilities that would endanger or hinder your completion of this training program? () **yes** () **no**. If yes, please attach explanation.

Tuition and Fees

The Ola Grimsby Institute, Inc., does not offer financial aid nor does it participate in any financial aid programs at this time. Tuition is to be pre-paid and is outlined as follows:

Total Fees:

- Each of the 4 courses have a tuition of \$500.
- Full payment up front for all four courses \$1750 (\$250 discount)

COSPT PROGRAM DETAILS

- (1). The OGI Certification in Orthopedic Sports Physical therapy (COSPT) offers training to physical therapists enrolled in the program. Upon successful completion of the program, graduates will be awarded their Certification in Orthopedic Manual Therapy (COSPT) credentials.
- (2). The COSPTT consists of 78 classroom hours and 2 examination hours. This is spread over the 4 classes, each 2.5 days in length.
- (3). Graduation requirements include attendance of all 78 hours of class, and successful completion of a 1 hour written exam (80% score or higher) and a 40 minute practical exam (performance graded by one examiner). Practical exam consists of a randomly chosen question in which the student must show his or her knowledge of the pertinent condition and treatment protocol.

COSPT Application
Terms and Conditions

Please read carefully and initial all items on the lines provided to indicate you have read and understood them.

This enrollment agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this enrollment agreement acknowledges that you have been given reasonable time to read and understand this agreement.

Immediately after both parties have signed this agreement, you will be given a copy to retain.

- ____ 1. I understand that Ola Grimsby Institute, Inc. (The Institute) agrees to provide an instructor, training facility, equipment, support materials, curriculum, and other materials as necessary to complete the program outlined above.
- ____ 2. I (the Student) hereby agree to hold The Institute harmless for errors of omission, commission, or negligence on the part of the Instructor, the representatives, agents, contractors, or employees of The Institute. Further, I agree to hold the training facility, the instructor and The Institute harmless in the event of any personal injury or any other losses that may occur as a result of participation in the said training program. In addition, I also agree not to participate in any activities relative to the training program if I knowingly have any medical or physical condition that reasonably might put me at risk for injury.
- ____ 3. **I understand that I must have e-mail and Internet access on a regular basis.** The OGI will provide all the communications either by E-Mail or by the updates on the OGI website.
- ____ 4. I understand that I am responsible for making all the travel arrangements, including lodging.
- ____ 5. I understand that the Institute, at its discretion, will determine whether I pass or fail the curriculum, or whether I am allowed to progress to higher levels of study, or be dismissed from the program.
- ____ 6. I understand the total tuition and fees due for my program of training. **I understand the tuition fees are to be pre-paid and are due prior to the start of each class. I understand that if my tuition is more than ten (10) days late, I will be subject to a \$100.00 late fee.** I will be subject to an additional \$100.00 fee for every thirty (30) days payment is due thereafter.
- ____ 7. I understand my rights to cancel and the refund policies as follows for Local Program with monthly payments: Cancellation must be in writing.
- ____ 8. I understand if I overpay my tuition for a given month/quarter, the credits will rollover to the next month/quarter tuition.
- ____ 9. I understand that when this enrollment agreement has been accepted with my signature, by The Ola Grimsby Institute, Inc. it will be a legal contract.
- ____ 10. . I understand all the Terms and Conditions of this enrollment agreement and the Terms and Conditions outlined in the catalog that I have received.

COSPT Application

___11I certify that information I have supplied is complete and accurate, and I understand that any misrepresentation may be cause for refusal of admission or subsequent dismissal.

___12. I understand that with my signature below I agree not to distribute the copyrighted OGI materials I have received. This includes (but is not limited to) using the material for lectures or in-services or the copying any of the material received for OGI.

___13. I understand that I must notify the Ola Grimsby Institute office should there be a change in my home/employment address and phone number.

___14. I understand that The Ola Grimsby Institute does not grant prior credit, reduced hours, or discounted tuition in the program for previous education or training completed outside of the Institute.

___15. I understand that I cannot sit for my final examination prior to paying for all tuition.

___16. I understand that all seminar course books will be available for download in a PDF formate. Should I want hardcopy, I will be responsible for printing.

Terms and Conditions Continued

THIS AGREEMENT IS NOT BINDING UNLESS SIGNED BY THE STUDENT AND THE SCHOOL REPRESENTATIVE.

By signing below I confirm that I have been given and understand the following prior to my enrollment in the program:

- o Current cancellation policy (enrollment agreement)
- o A written statement of the refund policy including examples of how it applies (enrollment agreement)

This agreement will replace any previous agreements/and or contracts.

I, the undersigned, have read, understood, and agreed to abide by all provisions set forth in the foregoing enrollment agreement.

Required

<p>_____</p> <p>Student Signature Date</p> <p>Accepted by the Ola Grimsby Institute, Inc. by _____</p> <p>Authorized Signature Date</p>
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