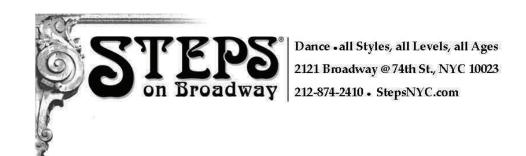
Steps' Steele Pilates Teacher Certification Program Application Checklist

Items to be included in your Application Packet*:				
☐ Completed application checklist				
☐ Completed application form				
☐ Letter of introduction detailing the type of Pilates you have been studying (if any), the number of years you have been studying, and any current certifications you may have. Please also describe any dance training you have had the number of years you have been studying. Please describe your future goals in the dance/fitness industry.				
☐ Dance and Fitness resume (if any)				
☐ One passport sized photograph				
☐ Health Form				
 □ Non-refundable \$50 application fee payable by bank transfer, credit card, money order, or travelers checks in U dollars. Cash is not accepted. * - Incomplete application packets will not be accepted 				
Within one week of receiving your completed application, Steps on Broadway will notify you by email of your acceptance.				
Items to be sent After Acceptance:				
Fifty percent (50%) of the tuition is due within five (5) weekdays of receiving your acceptance notice. The remainin fifty percent (50%) is due five (5) weekdays prior to your program start date. Full tuition payment must be received before first class session. Non-payment will result in delay or loss of position within the program. Payment plans make available based upon financial need on an individual basis.				
All rates are subject to change.				
Mailing address:				

Steps on Broadway Professional Training Programs 2121 Broadway @ 74th Street, Third Floor New York, NY 10023



Steps' Steele Pilates Teacher Certification Program Application Form

First Name			_Last Name		
Email			Phone_		_
Current Addre	ss		itreet		
City	State	•	Zip	Country	
Address in Nev	w York (if established)	tweet		
- Ct	g				
City	State		Zip		
☐ Male	☐ Female	Date of Birth			
Current Certifi	cations (if none, write	none)			
Emergency Co	ontact Name		Rela	tionship to Applicant	
Contact Numb	er		Email		
☐ Mat Certing ☐ Advance © Enclose a check Credit Card:	Certification (January ck for the Application American Expr	2015—December 12 16, 2016—March 19 Fee of \$50.00 made peess	, 2015) Application, 2016) Application and the Steps of terCard	on deadline September 25, 2015 on deadline December 1, 2015 n Broadway Uisa expiration Date	-
I hereby represe	ear about this program?_ ent that I am over eighte	en (18) years of age			
X		Print Nar	ne	Date	



PROFESIONAL TRAINING PROGRAM HEALTH FORM

I. STUDENT INFORMATION Name _____ (Please Print) Phone Number _____ Date of Birth _____ (Month/Day/Year) Emergency Contact Relationship to Student ______ Phone Number _____ **II. HEALTH INSURANCE INFORMATION** (Please note that health insurance is required for all PTP students) Do you currently have health insurance coverage? Yes If **yes**: Insurance Company ______ Dates of Coverage _____ (Please include a copy of your health insurance card or other proof of insurance with this application) No, please send me information about Steps' Group Health Plan (International Students Only) No, I plan to find coverage prior to enrollment and will provide proof of insurance at orientation. **III. MEDICAL HISTORY** Do you have any medical conditions that we should be made aware of? Yes No If **yes**, please list the medical condition(s): Is there any other information regarding your condition(s) that you would like us to know?

I do hereby state that, to the best of my know and accurate. I agree to report, in a timely mo occurred while participating in the Profession confidential under state and/or federal laws discuss with anyone outside of the company, law. I authorize Steps Studio Inc. to speak in their	•
I do hereby state that, to the best of my know and accurate. I agree to report, in a timely moccurred while participating in the Profession confidential under state and/or federal laws discuss with anyone outside of the company, law. I authorize Steps Studio Inc. to speak in their Provider about injuries, illnesses, treatment of PTP and/or any injury suffered during my participation.	nanner, injuries and/or conditions that are pre-existing or have nal Training Program (PTP). I understand my medical history is and that Steps Studio Inc. staff will not release to anyone or unless separately authorized by me or required or permitted by sole discretion with any Hospital Representative and/or Medical and rehabilitation that may affect my ability to participate in the rticipation in an activity associated with PTP.
I do hereby state that, to the best of my know and accurate. I agree to report, in a timely me occurred while participating in the Profession confidential under state and/or federal laws discuss with anyone outside of the company, law.	nanner, injuries and/or conditions that are pre-existing or have nal Training Program (PTP). I understand my medical history is and that Steps Studio Inc. staff will not release to anyone or unless separately authorized by me or required or permitted by
L	ACKNOWLEDGEMENT
Please list any physical and/or dance related disorders, etc.	problems you have including injuries, bone, joint or muscular
If yes , please list all allergies:	
Do you have any allergies? Yes	s
If yes, please list all medications:	
If was placed list all modications:	s 📙 No
Do you take any medications? Yes	