



Dance • all Styles, all Levels, all Ages
2121 Broadway @ 74th St., NYC 10023
212-874-2410 • StepsNYC.com

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 and 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.S. dollars. Cash is not accepted.

* - *Incomplete application packets will not be accepted*

Acceptance

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 remaining 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 may be 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



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Steps' Steele Pilates Teacher Certification Program Application Form

First Name _____ Last Name _____

Email _____ Phone _____

Current Address _____

Street

City _____ State _____ Zip _____ Country _____

Address in New York (if established) _____

Street

City _____ State _____ Zip _____

Male Female Date of Birth _____

Current Certifications (if none, write none) _____

Emergency Contact Name _____ Relationship to Applicant _____

Contact Number _____ Email _____

I WOULD LIKE TO ENROLL IN (students may select both sessions):

Mat Certification (October 10, 2015—December 12, 2015) *Application deadline September 25, 2015*

Advance Certification (January 16, 2016—March 19, 2016) *Application deadline December 1, 2015*

Enclose a check for the Application Fee of \$50.00 made payable to **Steps on Broadway**

Credit Card: American Express MasterCard Visa

Name on Credit Card _____

Number _____ Expiration Date _____

How did you hear about this program? _____

I hereby represent that I am over eighteen (18) years of age

X _____ Print Name _____ Date _____



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?

III. MEDICAL HISTORY (continued)

Do you take any medications? **Yes** **No**

If **yes**, please list all medications:

Do you have any allergies? **Yes** **No**

If **yes**, please list all allergies:

Please list any physical and/or dance related problems you have including injuries, bone, joint or muscular disorders, etc.

ACKNOWLEDGEMENT

I do hereby state that, to the best of my knowledge and belief, the medical history I have provided is correct and accurate. I agree to report, in a timely manner, injuries and/or conditions that are pre-existing or have occurred while participating in the Professional Training Program (PTP). I understand my medical history is confidential under state and/or federal laws and that Steps Studio Inc. staff will not release to anyone or discuss with anyone outside of the company, unless separately authorized by me or required or permitted by law.

I authorize Steps Studio Inc. to speak in their sole discretion with any Hospital Representative and/or Medical Provider about injuries, illnesses, treatment and rehabilitation that may affect my ability to participate in the PTP and/or any injury suffered during my participation in an activity associated with PTP.

My signature below acknowledges that I understand and agree to the terms above.

(Student Signature)

(Date)