

application checklist

- _____ prior session log documenting sessions with a Certified Pilates® Instructor (available from all certification centers)
- _____ written application including
 - Student Enrollment Agreement
 - Health Form (with photo!)
 - Prior Experience Form
 - Prerequisite Questionnaire
- _____ resume
- _____ 2 letters of recommendation
- _____ 1 Doctor Letter
- _____ deposit (50% of tuition)

after submitting these forms be sure to schedule/arrange for

- _____ Practical assessment of prior knowledge of the Pilates® method by the director of the center one is applying to (or by a Master Teacher or Teacher of Teachers)
- _____ Interview to be conducted by the director of the certifying center hosting the training

Student Enrollment Agreement

Complete this form in full and return with tuition deposit(50% of full tuition). All paperwork must be completed in its entirety to be processed.

1. By signing this agreement I, the student, acknowledge that I have read and understand all of the requirements and guidelines of the program, and that I agree to all of the terms, conditions and regulations.

2. The student acknowledges that the attached health form has been fully and correctly completed. The student agrees to participate in the program at his/her own risk and agrees to collectively release The Pilates Studio®, Pilates Inc., its principles, officers, directors, employees and its representatives from any and all liability resulting from his/her involvement in the course.

3. State laws may vary with regard to the uses or application of the movement lessons and/or procedures taught in this course. The student acknowledges that he/she shall make his/her own inquiry (to his/her State licensing board) regarding the uses or applications of movement lessons and/or procedures taught in the course. The Pilates Studio® makes no representation or warranties concerning the uses or application of the movement lessons and/or procedures taught in this course other than that the course is fully accredited by The Pilates Studio® and that the course curriculum satisfies the requirements for accreditation by The Pilates Studio®.

4. The Pilates Studio® reserves the right to terminate any student from the program for conduct which violates studio policies, and any other unprofessional conduct as outlined in the standard of practice and code of ethics. In the event that a student is terminated from the program, The Pilates Studio® shall refund on a prorated basis. Pilates Inc. reserves the right to terminate the certification of teachers who are found to be in violation of their license agreement. Teachers who are in violation shall be notified in writing of their termination and revocation of license.

5. Refund Policy: If you must cancel prior to the seminar series, a \$100 administrative fee plus the following cancellation fee, will be charged based upon our receipt of your written cancellation request.

From Date of Seminar: 6weeks- \$100 only. One month: 25% of tuition paid. 2^{1/2} Weeks:40% of tuition paid
Within 1 Week: 50% of tuition paid. Day of Seminar: No Refunds

6. I agree I will not use the Pilates® mark or to record or duplicate through any means any seminars, workshops or written materials, audio or video materials distributed for a seminar, or by Pilates Inc. without written permission. I understand that if I choose to drop out of the program, I will have no rights to use the Pilates® mark. If I decide to enroll again at a later point, I will be considered a new student and must adhere to all policies at the time of my re-enrollment.

Signature _____ Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____

SocialSecurity # _____ E-mail _____

Center Applying to: _____

Training Format & Dates Applying for: _____

Tuition Deposit Enclosed:\$ _____ Full Tuition Enclosed:\$ _____

checks payable to : The Pilates Studio® of ... (chosen certification center)

APPLICATION

Student Health Form

Full Name: _____

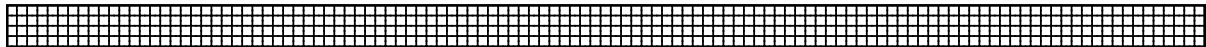
Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____

Date of Birth: _____ Occupation: _____

please attach a recent photo (required for ID)



Medical History:

Enclose a Doctors letter stating that you are physically fit and do not suffer from any injury or problem which would prevent you from engaging in rigorous physical activity.

Do you take any medications? If so please list. _____

Exercise Regularly? List frequency and types of activities _____

Do you have any injuries or conditions which would prevent you from fully exerting yourself during the course of the training? (in the workshops and/or student teaching)

Is there any history of heart trouble in your family? _____

Please list any major hospitalizations with dates and treatment _____

APPLICATION

Prior Experience Form

Please document below your experience in The Pilates® method of body conditioning. Send one copy to the center which you plan to attend. The Pilates Studio® will verify your background and notify you upon approval.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____

Dates & format applying for _____

Prior Experience

Certified Instructor's Name: _____

Studio Name: _____ Phone: _____

Studio Address: _____

Date Started: _____ Date Completed: _____

Instructor Signature _____

1. How often do you work out?
2. What were the main concepts emphasized in your sessions?
3. Which apparatus do you have experience with ?
4. Have you worked without an instructor? If so, on which apparatus?
5. Total number of sessions in the past 6 months?
6. An interview is required, how may we reach you?

APPLICATION

Prerequisite Questionnaire

Attach additional sheets if needed.

1. Why do you want to become a certified instructor? _____

2. How will becoming a certified instructor help you attain your personal goals? How do you plan to use The Pilates® method of body conditioning?

3. Describe your movement history _____

4. Explain what experience you have working with and/or teaching people. Enclose 2 letters of recommendation.

5. List past/present occupations, including outstanding achievements in your career: (Attach resume, curriculum vitae)

6. Outline how you will be able to fulfill the apprenticeship requirements. How many hours per day and days per week will you be able to commit to the program?
