



**HUMANSPORT™**

STRENGTH. BALANCE. COORDINATION. CONDITIONING. **STAR TRAC**

## Interactive Registration Form

Please complete one registration form per person and pre-register all Spinning® Education on [www.spinning.com](http://www.spinning.com).

Ensure that you have a recent version of PDF Adobe reader on your computer to complete this form . You can update for free on [www.adobe.com](http://www.adobe.com)

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Today's Date

Address \_\_\_\_\_ Log in Username

City \_\_\_\_\_ Personal Email \_\_\_\_\_

County/Region \_\_\_\_\_ Mobile Number \_\_\_\_\_

Postcode / Zip \_\_\_\_\_

Country \_\_\_\_\_

**GROUP BOOKING: (minimum 10 attending)**  
 Contact the education help desk on 01494 688285 [education@startrac.com](mailto:education@startrac.com) to apply for an on-site training for a group of 10 or more. Restrictions apply. Group discount available.

### Course Selections

Spinning® Pre-Learning home study 7026 "Exercise Physiology & Fundamentals. £75.00 plus VAT  
 \*If not already a L2 fitness instructor, this is a pre-requisite to sit on the Spinning® Course in the UK & Ireland.

**Courses date/s and location**  **Start Date**

Spinner® Bike - I am interested in receiving a quotation to set up my own studio with a Spinning® package.

Humansport® Circuit - I am interested in receiving a quotation for Star Trac Strength and Cardio Vascular equipment

### Registration Fees & Payment Options

Spinning® Course Fee \_\_\_\_\_

Humansport® Course Fee \_\_\_\_\_

Additional \_\_\_\_\_

Sub Total\*\* \_\_\_\_\_

\*\*All fee's will be subject to the appropriate VAT

TOTAL to pay incl. VAT 20%

Pre-purchased studio package Order number:

Company Purchase Order: Fax to 01494 400171 with this booking form

Payment plan on selected courses. Please call for application details.

Credit/Debit Card

Cardholder Name

Select Debit/Credit Card

Card Number

Start Date (MM/YY)  Expiration Date (MM/YY)

Issue Number  CVV Number

I agree to the cancellation policy  I agree to the course waiver

Now please complete page 2.

**Office Use Only:**  
 Oracle AC: \_\_\_\_\_ Order #: \_\_\_\_\_ Date: \_\_\_\_\_

**BOOKING TERMS:**  
 Cancellation:  
 50 % refund up to 14 days prior to event date  
 No refund from 13 days prior to event date selected.  
 Transferable to another training date within 6 months. £25 fee

**SUBMIT FORM - You now have 4 OPTIONS**  
 1-CLICK SUBMIT on the base of page 3\*  
 2-EMAIL your FORM as PDF to [education@startrac.com](mailto:education@startrac.com)  
 3-PRINT your FORM and FAX to +44 (0)1494 400171  
 4OPRINT your FORM and POST to the address below  
**For payment queries, call 01494 688285**

Star Trac UK Ltd., Unit 4, The Gateway Centre, Cressex Business Park, High Wycombe, Bucks, HP12 3SU tel: 01494 688285 fax: 01494 400171  
[education@startrac.com](mailto:education@startrac.com) [www.startrac.com/europe](http://www.startrac.com/europe) [www.spinning.com](http://www.spinning.com) [www.peakpilates.com](http://www.peakpilates.com)



**Relevant experience & qualifications**

Page 2/3

**WHAT IS YOUR CURRENT KNOWLEDGE BASE? Prerequisite Information**

Do you hold a current First Aid or CPR certification?

Expiry date:

Are you a member of the Register of Exercise Professionals (REPS)?

REPS Memb number

**List your base fitness qualifications and experience towards your course topic?**

If you are a qualified exercise teacher please list your **exercise** qualifications.

Spinning® Home Study- Exercise Physiology (Spinning® only)

L2 Gym Instructor

Group Exercise Instructor

L3 Advanced Instructor or Personal Trainer

Sports Conditioning Coach

Exercise/Sports Science Graduate

Cycling / Fitness Experience

Where did you hear about the course?

Fitness centre that you will teach at?

Contact Number

**Subject Course & Awarding Body Grade/Result Date Awarded Experience:**

(a) Students who have a level 2 or level 3 CYQ/OCR/Active IQ Qualification **must provide a copy of their Certificate** prior to attending the training programme. Please attach a photocopy of your Certificates with the application. Unfortunately your application cannot be processed without confirmation of required pre-learning.

(b) Students who are applying for a certification for the first time please state your experience only.

It is a requirement of your booking that you have **practical experience** as a participant in the area of the course you are applying to book.

**INDIVIDUAL NEEDS/LEARNING DIFFICULTIES**

Please indicate below if you have any disabilities or need additional support to assist with your learning. This information will be shared with your tutors and assessors to help with your learning. The information will be treated in confidence and will not prejudice your application. The information is required to help us to assist you on your learning programme if required. **Please tick ✓**

Multiple Disabilities

Behavioural /emotional difficulties

Blind or visually impaired

Mental ill health

Deaf or hearing impaired

Temporary illness e.g. recent accident

Disability affecting mobility

Other physical disability (please state below)

Disability requiring a wheelchair

Moderate/multiple learning difficulties

Medical condition e.g. asthma, epilepsy

Severe learning difficulties

Dyslexia (difficulty with words)

Other learning difficulty (please state below)

Dyscalculia (difficulty with (numbers))

Further Information



**EQUAL OPPORTUNITIES**

We require this information to enable us to monitor the diversity of our applicants. **Please tick ✓**

**RACIAL GROUP**

To which of these ethnic groups do you consider you belong? (Please select the option that is most appropriate to you)

- White
- Black Caribbean
- Chinese
- Black African
- Irish traveller
- Black other
- Indian
- Mixed ethnic group (please state below)
- Pakistani
- Any other ethnic group (please state below)

**MEDICAL HISTORY QUESTIONNAIRE**

We require this information to enable us to pre assess the health of our applicants. **Please tick ✓**

- Have you ever, or do you currently, suffer from a heart condition?
- Have you ever suffered from Angina or feel pain in your chest when you do physical activity?
- In the past month have you had chest pain when not doing physical activity?
- Do you lose balance through dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Are you taking any regular medication in connection with a medical condition or disability?
- Have you been told you should only do physical activity recommended by a doctor?
- Are you pregnant or recently had a baby?
- Do you know any reason why you should not do physical activity?
- Any other ethnic group (please state below)

If you answer yes to any of the following you **MUST** provide written consent from your doctor to undertake any course. Please give further details.

Further Information

