

REGISTRATION

CONTACT INFORMATION

NAME: _____ DATE: _____

Address: _____

City: _____ STATE: _____ Zip: _____

PHONE: _____ Cell PHONE: _____ E-Mail: _____

Employer: _____

Position: _____ Work PHONE: _____

DATE of BIRTH: ____ / ____ / ____

EMERGENCY CONTACT-NAME: _____ PHONE: _____

COURSE (check all that apply)	START DATE (please supply)	COST
COMPLETE MAT (BASIC AND ADVANCED)		\$1000.00
BASIC MAT		\$575.00
ADVANCED MAT		\$500.00
COMPLETE EQUIPMENT		\$4500.00
COMPLETE REFORMER		\$2000.00
COMPLETE CADILLAC		\$1400.00
COMPLETE WUNDA, SPINE, LADDER		\$1400.00
		Total:

PLEASE NOTE THAT CANCELLATIONS 21 days OR MORE PRIOR TO COURSE WILL RECEIVE A REFUND MINUS 20% ADMINISTRATION FEE. NO REFUNDS WILL BE GIVEN 21 days PRIOR TO COURSE.

_____ (PARTICIPANT SIGNATURE) _____ (DATE)

*Pilates Certification
of NORTH CAROLINA*

1 of 5

3434 KILDAIRE FARMS ROAD SUITE 120, CARY, NC. 27518

PHONE: (919) 949-7780 FAX: (919) 363-2178

WWW.PCOFNC.COM PCOFNC@NC.RR.COM

PAYMENT INFORMATION

PAYMENT is due in Full with REGISTRASATION

PRICES ARE SUBJECT TO CHANGE. Full Payment MUST BE RECEIVED with REGISTRATION FORM. PLEASE Make Checks Payable To: **PILATES THE FORM** CASH payment will be ACCEPTED only in PERSON AT THE studio.

CARD NUMBER: _____

EXP. DATE: ____/____/____ CVS# _____ NAME ON CARD: _____

Billing Address: _____ City: _____ STATE: _____

Zip: _____ SIGNATURE: _____ DATE: ____/____/____

I HEREBY AUTHORIZE Pilates THE FORM TO CHARGE THE ABOVE CREDIT CARD FOR THE ABOVE SELECTED COURSE AND payment plan. I UNDERSTAND THAT IF I CANCEL 21 days OR MORE PRIOR TO COURSE, I will RECEIVE A REFUND OF AMOUNT paid MINUS A 20% ADMINISTRATION FEE. I ALSO UNDERSTAND THAT NO REFUNDS will be GIVEN 21 days PRIOR TO COURSE AND IF I DROP OUT OF COURSE PRIOR TO COMPLETION THE REMAINING UNPAID AMOUNT will AT THAT TIME BE CHARGE TO THE ABOVE CREDIT CARD.

_____ (PARTICIPANT SIGNATURE) _____ (DATE)

YOU CAN SUMMIT COMPLETED REGISTRATION FOR WITH Payment by:

MAIL: PC of NC
3434 KILDAIRE FARMS ROAD SUITE 120,
CARY, NC. 27518

TEXT: (919) 949-7780

EMAIL: pcofnc@nc.rr.com

Application

NAME: _____ DATE: _____

List OTHER FITNESS CERTIFICATIONS AND/OR TEACHING EXPERIENCE: _____

List PERSONAL EXPERIENCE IN DANCE, BODY MOVEMENT, AND/OR FITNESS: _____

Outline YOUR PILATES RELATED EXPERIENCE (WHEN, WHERE, LENGTH OF TIME): _____

PLEASE LIST ALL INJURY'S OR HEALTH RELATED ISSUES, INCLUDING PAST OR PRESENT PREGNANCY, AS WELL AS ANY SPINE RELATED CONDITIONS. (FAILURE TO LIST ALL INJURY'S MAY RESULT IN REMOVAL FROM COURSE): _____

WHAT MADE YOU WISH TO BECOME A PILATES INSTRUCTOR?: _____

How did you HEAR ABOUT PILATES THE FORM CERTIFICATION? _____

RELEASE

"I, _____, HAVE ENROLLED IN THE PILATES THE FORM CERTIFICATION PROGRAM OFFERED THROUGH THE PILATES THE FORM. I RECOGNIZE THAT THE PROGRAM MAY INVOLVE STRENUOUS PHYSICAL ACTIVITY INCLUDING, BUT NOT LIMITED TO, MUSCLE STRENGTH AND ENDURANCE TRAINING, CARDIOVASCULAR CONDITIONING AND TRAINING, AND OTHER VARIOUS FITNESS ACTIVITIES. I HEREBY AFFIRM THAT I AM IN GOOD PHYSICAL CONDITION AND DO NOT SUFFER FROM ANY KNOWN DISABILITY OR CONDITION WHICH WOULD PREVENT OR LIMIT MY PARTICIPATION IN THIS EXERCISE PROGRAM. I ACKNOWLEDGE THAT MY ENROLLMENT AND SUBSEQUENT PARTICIPATION IN PURELY VOLUNTARY AND IN NO WAY MANDATED BY PILATES THE FORM."

"IN CONSIDERATION OF MY PARTICIPATION IN THIS PROGRAM, I, _____, HEREBY RELEASE PILATES THE FORM AND ITS AGENTS FROM ANY CLAIMS, DEMANDS, AND CAUSES OF ACTION AS A RESULT OF MY VOLUNTARY PARTICIPATION AND ENROLLMENT." "I FULLY UNDERSTAND THAT I MAY INJURE MYSELF AS A RESULT OF MY ENROLLMENT AND SUBSEQUENT PARTICIPATION IN THIS PROGRAM AND I, _____, HEREBY RELEASE PILATES THE FORM AND ITS AGENTS FROM ANY LIABILITY NOW OR IN THE FUTURE FOR CONDITIONS THAT I MAY OBTAIN. THESE CONDITIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, MUSCLE PULLS, MUSCLE TEARS, BROKEN BONES, SHIN SPLINTS, HEAT PROSTRATION, INJURIES TO KNEES, INJURIES TO BACK, INJURIES TO FOOT, OR ANY OTHER ILLNESS OR SORENESS THAT I MAY INCUR, INCLUDING DEATH." I ALSO AGREE NOT TO SUE PILATES THE FORM, ITS EMPLOYEES, OR ITS AGENTS AND AGREE TO INDEMNIFY PILATES THE FORM FOR ALL CLAIMS, DAMAGES, LOSSES, OR EXPENSES, INCLUDING ATTORNEYS' FEES, IF A SUIT IS FILED CONCERNING INJURY, ILLNESS, OR DEATH IN THE PROGRAM(S).

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

REQUIREMENTS PRIOR TO COURSE:

- ❑ **PICTURE RELEASE:** I UNDERSTAND THAT PICTURES MAY BE TAKEN OF ME DURING THE COURSE FOR PILATES THE FORM. I HEREBY GIVE CONSENT TO PILATES THE FORM TO USE THE PICTURES FOR ADVERTISEMENT PURPOSES
- ❑ All students ARE REQUIRED TO PURCHASE AND BRING TO EACH CLASS ANATOMY OF MOVEMENT BY BLANDINE CALAIS-GERMAIN OR BE PREPARED TO PURCHASE IT AT CLASS FOR \$40.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (PARTICIPANT SIGNATURE) _____ (DATE)

GENERAL INFORMATION AND COURSE REQUIREMENT

Rescheduling of a course is allowed only once at a \$100 rescheduling fee per course. No refund or rescheduling will be allowed after the start of the course.

Please wear appropriate clothing to allow the instructors to watch what your body is doing.

Studio has a limited number of mats so students may wish to bring their own.

Students may bring water, food and/or snacks. Beverages are also available to purchase.

Other suggested reading: Return to Life through Contrology and Your Life by Joseph Pilates.

We reserve the right to refuse admittance to unqualified applicants.

Please note that cancellations 21 days or more prior to course will receive a refund minus 20% administration fee. No refunds will be given 21 days prior to course.

Students need to be punctual and attend all classes, turn in all homework on time, and score an 80% or above on both the written and practical exam(s) to receive a certificate of certification in the course they are taken. Any student scoring below 80% may retake test one time for a fee of \$50 for mat and \$100 for equipment. Retesting must be scheduled in advance.

Students taking any apparatus course(s) must also complete all apprentice and self practice hours, schedule and complete the written and practical tests within two months of the last scheduled class. Required apprentice and self practice hour requirements are as followed:

Reformer: 92 Apprentice 47 Self Practice

Cadillac: 46 Apprentice 23 Self Practice

Wunda Chair, Spine Corrector & Ladder Barrel: 46 Apprentice 23 Self Practice

Any missed classes must be made up. There is a \$200 per class fee for all make up classes and make up classes must be scheduled and completed prior to the next regularly scheduled class.

Space is limited. We strongly recommend registering at least three weeks in advance to reserve your space and to allow processing of application.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant Signature) _____ (Date)

SUGGESTED ACCOMMODATION

HOTEL	ADDRESS	PHONE	DISTANCE FROM STUDIO
HAMPTON INN	201 ASHVILLE AVE	(919) 859-5559	3.3 Miles
RESIDENCE INN	2900 REGENCY Pkwy	(919) 467-4080	3.8 Miles
COURTYARD BY MARRIOTT	102 EDINBURGH DR	(919) 481-9666	4.2 Miles
RED ROOF INN	1800 WALNUT STREET	(919) 467-3400	7.2 Miles
DAYS INN	1716 WALNUT ST	(919) 481-4011	7.4 Miles