



## SCOLIOSIS COACH PROGRAM INFORMATION AND APPLICATION

### WHAT MAKES THE PROGRAM UNIQUE?

The Program Creator / Director is:  
A Doctor of Chiropractic  
Schroth Advanced Level II Certified  
Nationally Certified Pilates Teacher  
PMA Education Provider™  
Working in the industry for over 26 years

Boutique Education / Non-Corporation Owned

Limited Class Size: Student / Equipment Ratio is Ideal

Course Manuals are Illustrated and Extensive / Digital Support

Competitively Priced

Successful Graduates Nationwide / Worldwide



# APPLICATION & AGREEMENT

Please retain the previous pages for your reference – Submit only the application.

**NOTE: Name below as it will appear on your diploma:**  
**(Please Print Clearly)** Example: Dr. Laura S. Smith, D.C.

Your Name: \_\_\_\_\_

*(If your name changes you must inform us to receive your accurate diploma, new diplomas are \$20)*

Course Start Date: \_\_\_\_\_ (month/year) Course Location: (CITY & STATE) \_\_\_\_\_

## Chosen Course

Level I In Person Workshop \$200 \_\_\_\_

Level II Scoliosis Specialized Pilates Instructor (SSPI) Program \$600 \_\_\_\_

Master Teacher Program \$2000 \_\_\_\_

Private Level I Program \$600.00 per student, 2 students max. \_\_\_\_

Private Level II Program \$1,200.00 per student, 2 students max. \_\_\_\_

Your Mailing Address: *(if your address changes you must inform us to receive your diploma)*

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

What Pilates education program did you go through?

\_\_\_\_\_

Have you been practicing as a teacher for over two years?

\_\_\_\_\_

Do you own your own studio?

\_\_\_\_\_

Describe your reasons for your interest in the course:

\_\_\_\_\_

List your past/present occupations, including outstanding achievements in your career: (attach your curriculum vitae/resume if desired)

\_\_\_\_\_

My expectations from the course are:

\_\_\_\_\_

Program Requirements and Fees:

I declare that I have read, understand and will comply with the terms listed in the document "Scoliosis Coach Education Brochure" document on [www.ScoliosisCoach.com](http://www.ScoliosisCoach.com)

Medical Release:

I declare that I am medically mentally and physically able and free from impairment to participate in fitness activities. I further declare that I have consulted with a physician regarding any illness, disability, or injury, which I am aware of and have been cleared to participate fully, and without limitations. I have disclosed all medical issues and special needs, if any, prior to beginning any program with PSC.

Refund/Cancellation Policies:

A Non-Refundable Deposit of \$100 is due with application/registration to reserve a place in the course. Your non-refundable deposit and application entitle you a spot in the course. Student is entitled to tuition refund upon withdrawal/termination: no less than 14 calendar days before the start of program 100%.

After program has begun, No refund of tuition. All refunds will be made within 30 days from the date of termination/withdrawal. The official date of termination/withdrawal of a student shall be determined in the following manner:

- The date on which the school receives notice of the student's intention to discontinue the program;
- or
- The student will receive a full refund of tuition & fees paid if the school discontinues a program within a period of time a student could have reasonably completed it.

*The policy for granting credit for previous training shall not impact the refund policy.*

Print Name:

Sign Name:

Date:

Course Fee Includes: 1 photographic manual pertaining to each course registered and paid for, classroom lecture/lab with a Master Teacher, use of Studio for self-practice and classmate practice, and 1 (one) Assessment Based Certificate/Diploma upon successful completion of all requirements.