

REGISTRATION

CONTACT INFORMATION

NAME: _____ DATE: _____

Address: _____

City: _____ STATE: _____ Zip: _____

PHONE: _____ CELL PHONE: _____ Work PHONE: _____

E-Mail: _____
(TO BE USED FOR COMMUNICATION AND CONFORMATION PURPOSES ONLY)

Employer: _____ Position: _____ DATE of BIRTH: ____ / ____ / ____

EMERGENCY CONTACT-NAME: _____ PHONE: _____

**Mail Completed Form To: PC of NC, 3434 Kildaire Farms Road Suite 120, Cary, NC 27518
OR FAX TO: 919-363-2178**

COURSE (check all that apply)	START DATE (please supply)	COST
<input type="checkbox"/> COMPLETE MAT (BASIC AND ADVANCED)		\$775.00
<input type="checkbox"/> BASIC MAT		\$450.00
<input type="checkbox"/> ADVANCED MAT		\$400.00
<input type="checkbox"/> COMPLETE EQUIPMENT		\$3200.00
<input type="checkbox"/> BASIC EQUIPMENT		\$1700.00
<input type="checkbox"/> INTERMEDIATE EQUIPMENT		\$1000.00
<input type="checkbox"/> ADVANCED EQUIPMENT		\$800.00
<input type="checkbox"/> COMPLETE REFORMER		\$1300.00
<input type="checkbox"/> COMPLETE CADILLAC		\$1100.00
<input type="checkbox"/> COMPLETE WUNDA, SPINE, LADDER		\$1100.00
		Total:

STUDENTS ARE STRONGLY RECOMMENDED TO REGISTER AT LEAST 3 WEEKS IN ADVANCE. BASIC & ADVANCED MAT MANUALS WILL BE MAILED OUT 2 WEEKS PRIOR TO COURSE TO ALLOW TIME FOR STUDYING OF THE MATERIAL. STUDENTS REGISTERING LESS THEN 7 DAYS PRIOR TO COURSE WILL RECEIVE THEIR MANUAL(S) THE FIRST DAY OF CLASS

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)

PAYMENT INFORMATION

Applicants have two ways to pay. Please select one:

- PAYMENT in Full Option #1**
 PAYMENT PLAN Option #2 - (additional fees apply)

PAYMENT Option #1:

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.

- CHECK
 MASTERCARD
 VISA (We do not take American Express or Discover)

CARD NUMBER: _____

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

Billing Address: _____ City: _____ STATE: _____

Zip: _____ SIGNATURE: _____ DATE: ___/___/___

PAYMENT Option #2:

We also offer a payment plan option for an additional fee. See the payment amounts and times due below.

COURSE	AMOUNT DUE w/ Application	AMOUNT DUE 1ST Day of COURSE	AMOUNT DUE 2ND Class	FINAL PAYMENT	TOTAL PAYMENT AMOUNT
<input type="checkbox"/> BASIC MAT	\$250	\$230			\$480
<input type="checkbox"/> ADVANCED MAT	\$230	\$200			\$430
<input type="checkbox"/> COMPLETE EQUIPMENT	\$1200		\$1175	\$ 1000 DUE 4th class	\$3375
<input type="checkbox"/> BASIC EQUIPMENT	\$700		\$600	\$500 DUE 3rd class	\$1800
<input type="checkbox"/> INTERMEDIATE EQUIPMENT	\$500	\$325		\$250 DUE 2nd class	\$1175
<input type="checkbox"/> ADVANCED EQUIPMENT	\$550	\$300			\$850
<input type="checkbox"/> COMPLETE REFORMER	\$600		\$450	\$325 DUE 4th class	\$1375
<input type="checkbox"/> COMPLETE CADILLAC	\$500		\$475	\$200 DUE 3rd class	\$1175
<input type="checkbox"/> WUNDA CHAIR	\$500		\$475	\$200 DUE 2nd class	\$1175

All payment plans must be secured with a credit card. The payments will be automatically charged on the scheduled days as stated above.

- MASTERCARD
 VISA (We do not take American Express or Discover)

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)

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 IS 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.

_____ (PARTICIPANT SIGNATURE) _____ (DATE)

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.
- APPLICANTS ARE REQUIRED TO HAVE A LETTER OF RECOMMENDATION TO BE SUBMITTED WITH COMPLETED APPLICATION. LETTER DO NOT HAVE TO BE SUBMITTED WITH APPLICATION, BUT MUST BE RECEIVED PRIOR TO START OF COURSE. LETTER MAY ALSO BE EMAILED TO pcofnc@nc.rr.com.

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 \$50 RESCHEDULING FEE. NO REFUND OR RESCHEDULING WILL BE ALLOWING AFTER THE START OF THE COURSE.

PLEASE WEAR APPROPRIATE CLOTHING TO ALLOW THE INSTRUCTORS TO 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.

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 FOLLOWS:

- 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