



# PILATES CERTIFICATION PROGRAM APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**REGISTRATION:**

Must be done at least one (1) day before the first day of course. Space is reserved ONLY upon receipt of application and non-refundable payment. Trainer Non-Compete Agreement between the student and Helen's Pilates must be signed before commencing student teaching and apprentice hours.

- Anatomy and Movement Principles:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Mat I:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Mat II:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Reformer I:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Reformer II:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Reformer III:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Reformer I:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Trapeze Table / Cadillac / Wall Tower:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Arc & Barrels / Pilates Edge:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Pilates Chair Certificate:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Test-out for Mat Instructor Certificate:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Test-out for Reformer Instructor Certificate:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Test-out for Comprehensive Instructor Certificate:** Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Please list any additional courses you would like to sign up for:**  
\_\_\_\_\_

**CANCELLATION POLICY:**

Please note that once payment and confirmation of the course have been made, there are no refunds. You may receive credit with Helen's Pilates if you decide to postpone your course or you can use it for your personal pilates sessions. You may do so within 1 year time frame after which there will be No Refund. Once a student has begun a course No Refunds will be given. Deposit is returned if applicant is not accepted into course.

**RELEVANT EDUCATION AND EXPERIENCE:**

Please list related degrees, diplomas, certificate courses (ACE, AFAA, etc.), and workshops:

\_\_\_\_\_  
\_\_\_\_\_

Outline your teaching experience in dance and/or fitness field (including Pilates experience):

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION:**

Do you have any injuries, conditions or postural issues, including current or recent pregnancy, that may affect your performance during the course?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Helen's Pilates Studios?

\_\_\_\_\_

\_\_\_\_\_

**STUDIO LIABILITY RELEASE:**

By signing below, I certify the information I provided on and in connection with this form is true, accurate, and complete. Helen's Pilates Studios are in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at Helen's Pilates may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Helen's Pilates or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_