YogaWorks Pilates Teacher Training Application

Name:_____

Initials or credits as you want them to appear on your certificate:_____

Address:_____

City: _____State: _____ Zip:_____

Phone:_____Email:_____

Course Enrollment Date: _____

Course Tuition:

$4,000.00 Before Application Deadline; **$4,400.00** After Application Deadline
(*This amount does not include the cost of required reading materials or testing fees*)
$500 non-refundable deposit due at time of application to reserve a space
Remaining balance due at start of program
$35 PMA Student Membership (optional, but recommended)

Method Of Payment:
Check: Please make payable to Yogaworks and include DL#
Credit Card: (Visa, MasterCard, American Express)

CC No. _____-_____-_____-_____ Exp. Date: _____ Billing Zip: _____

I hereby authorize payment of $_____ **Signature**:_____

STUDENT CONTRACT

Cancellation Policy:

- I understand that if I cancel 14 days prior to the start of the training, my $500 deposit may be transferred toward a future YogaWorks teacher training and I will be refunded the remaining balance.
- If notice of cancellation is received less than 14 days prior to the start of the training, I will forfeit my $500 deposit but my remaining balance will be refunded.
- Once the program begins, tuition is non refundable and non-transferable. No exceptions.

I have read and understand the Cancellation Policy: _____
(Initial)

Pilates History:
Do you have any current Pilates experience? **Y N**
If yes, circle the level that applies: **Instructor Student**
With whom did you study?_____

We recommend 10-30 hours of Pilates Training (classes or privates) before the start of the YogaWorks Pilates Teacher Training. If you are not a Pilates instructor, we require you to take at least one private and one group Pilates session with a YogaWorks Pilates Teacher Trainer prior to the start of the training.

Have you completed at least one private Pilates sessions with a YogaWorks Pilates Instructor? **Y N**
Instructor name(s) and date(s): _____
Have you completed at least one group Pilates session with a YogaWorks Pilates Instructor? **Y N**
Instructor name(s) and date(s): _____

I agree to fulfill this requirement: _____
(Initial)

What is your current state of health? **Excellent** **Good** **Fair** **Some Challenges** (briefly describe)

_____

_____

Have you had surgery in the past year or do you have any medical conditions or injuries that may affect your ability to fully participate in the training? **Y** **N** (if yes, explain)

_____

_____

Please tell us about yourself including any prior teaching experience and why you would like to become certified in Pilates.

_____

_____

_____

_____

Have you taken any other courses that are related to health and fitness? If so, explain.

_____

_____

_____

Required Materials

The following book must be purchased prior to the start of the Teacher Training course.

Pilates Anatomy, Rael Isacowitz, Karen S. Clippinger - Amazon.com

*Concise Book of the Moving Body***,** Chris Jarmey, contributor Thomas Myers - Amazon.com

A Pilates Primer: The Millennium Edition, by Joseph H. Pilates and Judd Robbins - Amazon.com

PMA Pilates Certification Exam Study Guide, Pilates Method Alliance - PilatesMethodAlliance.org

Suggested Reading Materials

Muscles: Testing and Function with Posture, by Kendall, McCreary, and Provance - Amazon.com

The Pilates Body, by Brooke Siler - Amazon.com

The Anatomy Coloring Book, by Kapit and Elson - Amazon.com

I attest all of the information herein to be true and I agree to the requirements and terms set forth by the YogaWorks Pilates Teacher Training Program.

_____

(Signature) (Date)

Application Check List:

__ Agreement to complete of at least one private and one group lesson with a YogaWorks Pilates Teacher

__ Your completed Registration Form

__ Your signed Student Contract

__ Your $500 deposit or payment in full

Mail, email, deliver application to the studio at which your training is being hosted. Studio addresses can be found at www.yogaworks.com. **For further information or questions please contact pilatesTT@yogaworks.com.**