

EASY REGISTRATION BY MAIL OR FAX!

MAIL: PCC, 4717 PEMBERTON DRIVE, Raleigh, NC 27609 FAX: (919) 890-3058

PLEASE fill out a SEPARATE form for EACH applicant. This form may be duplicated.
PLEASE PRINT and fill in ALL of the blanks.

(919) 862-3461 (PHONE) • info@PilatesCertificationCenter.com • www.PilatesCertificationCenter.com

<i>Your Contact Information</i>	
TODAY'S DATE _____	
NAME	
ADDRESS	
CITY STATE ZIP	
DAY PHONE	
EVENING PHONE	
FAX	
E-MAIL	
EMPLOYER	
TITLE	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH _____

<i>Payment</i>	
<p>PRICES ARE SUBJECT TO CHANGE. Full payment must be received with registration form. Incomplete or missing forms will result in registration being returned and not processed.</p>	
<input type="checkbox"/> CHECK OR MONEY ORDER MADE OUT TO PILATES CERTIFICATION CENTER OR PCC	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA (Do not mail cash. We can accept cash if you pay in person at our office.)	
CARD NUMBER: _____	
EXP. DATE: _____ CVS# _____	
NAME AS IT APPEARS ON CARD: _____	
BILLING ADDRESS: _____	
SIGNATURE: _____	

<i>Certification Registration</i>	
<input type="checkbox"/> COMPREHENSIVE MAT (Includes Mat Level 1&2 Videos)—\$1070	
SAVE \$50 (Deduct \$50 if Registering 30 Days Prior to Start Date of Certification)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
<input type="checkbox"/> MAT LEVEL I (Includes Mat Level 1&2 Videos)—\$550	
SAVE \$20 (Deduct \$20 if Registering 30 Days Prior to Start Date of Workshop)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
<input type="checkbox"/> MAT LEVEL II—\$520	
SAVE \$20 (Deduct \$20 if Registering 30 Days Prior to Start Date of Workshop)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
<input type="checkbox"/> COMPREHENSIVE EQUIPMENT—\$4,530	
SAVE \$120 (Deduct \$120 if Registering 30 Days Prior to Start Date of Workshop)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
<input type="checkbox"/> REFORMER—\$1,650	
SAVE \$40 (Deduct \$40 if Registering 30 Days Prior to Start Date of Workshop)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
<input type="checkbox"/> CADILLAC—\$1,500	
SAVE \$40 (Deduct \$40 if Registering 30 Days Prior to Start Date of Workshop)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
<input type="checkbox"/> WUNDA CHAIR/BARREL/SPINE CORRECTOR/PROPS—\$1,500	
SAVE \$40 (Deduct \$40 if Registering 30 Days Prior to Start Date of Workshop)	
Workshop Date: _____	
Workshop Location: City _____ STATE _____	
VHS or DVD is REQUIRED for ALL workshop participants.	
Videos Included in MAT LEVEL ONE. (PLEASE CHECK ONE)	
Healthy to the CORE Level 1&2, <input type="checkbox"/> VHS <input type="checkbox"/> DVD	
SUBTOTAL	
PROCESSING FEE \$20	
TOTAL	



Thank you for choosing the Pilates Certification Center!

FOR OFFICE USE ONLY	
<input type="checkbox"/> REFERENCE LETTER	<input type="checkbox"/> PAYMENT
<input type="checkbox"/> VIDEO	<input type="checkbox"/> CONFORMATION LETTER

Registration Form and Application for Admission (continued)

Accommodation for Disabilities

PCC will attempt to provide reasonable accommodations for program participants when the need for accommodation is requested well in advance. To insure a medically safe and appropriately planned program, please list any special need that may require program accommodations (e.g., visual or hearing impairment, mental or physical disability, heart condition, history of seizures, asthma, ADD, etc.).

Photo Release

Photos may be taken of me while I participate in PCC training's and may be used for program publicity.

SIGNATURE _____

DATE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR GROSS MISDEMEANOR? YES NO

If yes, please explain: _____

(Conviction does not necessarily disqualify the applicant from admission to our programs.)

If you are signing up for a MAT LEVEL I certification, you must have attended a Pilates Mat class prior to certification

I understand that I must have taken a Pilates Mat class.

SIGNATURE _____

DATE _____

4717



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Prospective Student Questionnaire

Please answer the following questions using additional paper if necessary.

NAME: _____

DATE: _____

1. WHAT DOES IT MEAN TO TEACH SOMEONE? _____

2. PLEASE EXPLAIN WHAT YOUR FAVORITE PILATES SESSION WAS AND WHY: _____

3. PLEASE LIST ANY PILATES OR OTHER HEALTH/FITNESS-RELATED EDUCATION YOU HAVE HAD. _____

4. TO BE A PILATES INSTRUCTOR, YOU MUST BE ABLE TO MEET THE PHYSICAL DEMANDS OF PERFORMING THE EXERCISES. ARE YOU CONFIDENT IN YOUR ABILITY TO CONDITION YOURSELF TO UTILIZE APPROPRIATE BODY MECHANICS? PLEASE EXPLAIN. DO YOU HAVE ANY CONCERNS REGARDING THESE DEMANDS? _____

5. HOW DID YOU HEAR ABOUT PCC? _____

Release and Indemnity Agreement

I UNDERSTAND THAT PARTICIPATING IN PCC PROGRAMS INVOLVES RISK OF INJURY. THESE RISKS INCLUDE (BUT ARE NOT LIMITED TO) ACCIDENTS WHILE TRAVELING, EQUIPMENT PROBLEMS AND FAILURES, CONTACT WITH AND ACTIONS OF OTHER PARTICIPANTS, SLIPPING/TRIPPING/FALLING, AND MUSCULOSKELETAL INJURY. I CHOOSE TO PARTICIPATE IN THE SELECTED PROGRAM(S) DESPITE THE RISK.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I assume all responsibility of injury, illness, or death in any way connected with participation in the program(s). I also agree to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from PCC, its employees, or its agents for any injury, illness, or death resulting from this program. I release, waive, and discharge any legal rights that I may assert on behalf of participating in the program(s). I also agree not to sue PCC, its employees, or its agents and agree to indemnify PCC 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 understand that PCC provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

PRINT NAME: _____

SIGNATURE OF PARTICIPANT: _____

CANCELLATION Policy:

If you cancel 21 days or more before the start date of any course or workshop for which you are registered, you will receive a full refund minus cost of materials and a \$75 administration fee. No refunds will be given for any reason within 21 days of the start date of the class. Rescheduling is allowed only once with a \$50 rescheduling fee. There are no refunds or rescheduling after the start of any course or workshop.

PRINT NAME: _____

SIGNATURE OF PARTICIPANT: _____



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Instructor Directory Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Listing:(Max 3 lines, 100 characters per line, including spaces): _____

All listings are subject to approval. Listings will be posted exactly as printed above, so please double check for accuracy. Any changes made to listing after it is posted will be subject to additional fees. All PCC applicants must attach proof of certification.

Listing Fees

PCC Students

Non-PCC Students

One year website Listing with Link on PCC's website
(Maximum of 3 lines).

\$39.00 _____

\$69.00 _____

Two year website Listing with Link on PCC's website
(Maximum of 3 lines).

\$59.00 _____

\$89.00 _____

Additional Line \$15 for PCC students \$20 for Non-PCC students per year (100 characters per line)

_____ x\$20 _____

_____ x\$25 _____

Total

\$ _____

\$ _____

Please make check or money order payable to: PCC. Payment may be made by credit card (circle choice):

VISA/MasterCard # _____ Exp. _____ / _____ CVS# _____

Signature _____ Date _____

Mail To: PCC

4717 Pemberton Drive Raleigh, North Carolina 27609

Phone: 919-862-3461 • Fax: 919-890-3058

