

# PSC TEACHER TRAINING APPLICATION & AGREEMENT

**Please Print Clearly**

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

(as it will appear on your diploma - if your name changes you must inform us to receive your accurate diploma, new diplomas are \$20)

**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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How were you referred to PSC? \_\_\_\_\_

Emergency Contact: (name/number) \_\_\_\_\_

**Type of Course:** (MUST circle one or all that apply to you)

Comprehensive Program (Mat/Reformer/Cadillac/Chair)

Modular Program

- Mat Only
- Reformer Only
- Cadillac Only
- Chair Only

Private Comprehensive Program (1-2 students)

Private Modular Program

- Mat Only
- Reformer Only
- Cadillac Only
- Chair Only

Bridge Modular Program: (Please circle modules you have proof of completing)

- Mat Only
- Reformer Only
- Cadillac Only
- Chair Only

Describe your background (include Pilates) and reasons for your interest in the course:

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Explain your experience working with, or teaching people:

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

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My expectations from the course are:

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## Program Requirements and Fees:

### 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 Reform and Ride's Teacher Training Program.

### Studio Policies:

- Group Classes not permitted for clients with injuries or those requiring rehabilitation. Privates are suggested until injury has resolved or proficiency is achieved at the discretion of the trainer
- Cancellations made (24 hours for private sessions & 12 hours for classes) will avoid forfeiture of session
- Please arrive perfume and fragrance free
- Please do not attend class if you are ill or contagious for the welfare of others
- Studio reserves the right to assign substitute teacher
- No open studio policy – no use of any machines or props while unattended by an instructor
- Please notify us of any changes in your health
- Appropriate attire must be worn
- Instructor may advise you to a class level that is appropriate for you for your safety
- Studio not responsible for lost items
- All sessions must be paid for in advance

### Refund/Cancellation Policies:

- A **Non-Refundable Deposit** of \$500.00 (\$100 for Mat or a Module) is due with registration to reserve a place in the course. Your non-refundable deposit entitles you to all PSC Studio discounts as soon as it is made. No Studio discounts given if tuition is refunded.
- Student is entitled to tuition refund upon withdrawal/termination within 14 calendar days before the start of program or module 100%. After program has begun, No refund of tuition. All refunds will be made within 30 days from date of termination. 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 training 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.*

I have read and understand the above course requirements, refund and cancellation policies, medical release, studio policies and will comply with the terms listed in the document called "Teacher Training Brochure" document on the Pilates Teacher Training page of the Reform and Ride website. [www.ReformAndRide.com](http://www.ReformAndRide.com)

**Print Name** \_\_\_\_\_

**Sign Name** \_\_\_\_\_

**Date** \_\_\_\_\_