



EDUCATION APPLICATION

SUBMIT your application to: Center Pose, Inc. d/b/a Pilates South Texas, 1934 West Gray, Suite 211, Houston, Texas 77019
 T: 1.888.838.3664, ext. 2 F: 1.858.429.5868 E-mail: info@pilatessouthtexas.com Website: http://www.pilatessouthtexas.com

CONTACT INFORMATION

First Name:		Last Name:	
Address:			
City:	Prov. / State:	Country:	Postal / Zip Code:
Phone (Home):		Phone (Mobile):	
E-mail #1:		E-mail #2:	

EDUCATION REGISTRATION POLICIES

REFUND & TRANSFER POLICIES FOR ALL EDUCATION: The Application Fee (AF) is non-transferable and non-refundable. Prices are subject to change.

Refund(s) in the amount paid less the (AF) of \$100.00. Refund(s) will be issued within 30 days. Studio credit may be applied for any services and/or products at PST. Transfer of studio credit is valid up to Six Months from date of the Original application submission. An (AF) of \$100.00 is required with the New Registration start date.

STOTT PILATES® INTENSIVE PROGRAMS (Level 1)

STOTT PILATES® ADVANCED PROGRAM (Level 2)

<input type="checkbox"/> IMP: Intensive Mat-Plus™ (40 hrs) Total: \$1,419.97* <i>Optional Supplementary DVD: Advanced Matwork = \$44.76</i> Prerequisites: Knowledge of functional anatomy & 30+ hours of Pilates classes	<input type="checkbox"/> AM: Advanced Matwork (6 hrs) Total: \$319.76* Prerequisites: IMP Course
<input type="checkbox"/> IR: Intensive Reformer (50 hrs) Total: \$1,943.46* <i>(If have not taken IMP Course, Mat & Reformer Support Materials Manual is required: \$32.48)</i> <i>Optional Supplementary DVD: Advanced Reformer = \$48.66</i> Prerequisites: Knowledge of functional anatomy & 30+ hours of Pilates classes	<input type="checkbox"/> AR: Advanced Reformer (18 hrs) Total: \$861.34* Prerequisites: IR Course
<input type="checkbox"/> ICCB: Intensive Cadillac, Chair and Barrels (50 hrs) Total: \$2,362.28* <i>Optional Supplementary DVDs:</i> <i>Split Pedal = \$35.02; Advanced Cadillac = \$48.66; Stability Chair = \$48.66</i>	<input type="checkbox"/> ACCB: Advanced Cadillac, Chair and Barrels (12 hrs) Total: \$672.32*
<input type="checkbox"/> ICAD: Intensive Cadillac Module (25 hrs) Total: \$1,287.30* <i>Optional Supplementary DVD: Advanced Cadillac = \$48.66</i>	<input type="checkbox"/> ACAD: Advanced Cadillac Module (6 hrs) Total: \$323.66*
<input type="checkbox"/> ICHR: Intensive Chair Module (15 hrs) Total: \$771.09* <i>Optional Supplementary DVDs: Split Pedal = \$35.02; Advanced Stability Chair = \$48.66</i>	<input type="checkbox"/> ACHR: Advanced Chair Module (3 hrs) Total: \$273.66*
<input type="checkbox"/> IBRL: Intensive Barrels Module (10 hrs) Total: \$703.89* Prerequisites: IMP Course or IR Course	<input type="checkbox"/> ABRL: Advanced Barrels Module (3 hrs) Total: \$225.00* Prerequisites: ICCB or ICAD, ICHR, IBRL (for respective advanced module)

STOTT PILATES® INJURIES & SPECIAL POPULATIONS

<input type="checkbox"/> ISP: Injuries & Special Populations (24 hrs) Total: \$1,451.91* <i>Optional Supplementary DVDs: SPS Equipment; PJS Reformer/Vertical Frame & PJS Equipment = \$175.20</i> Prerequisites: IMP Course or IR Course

KINETIC CHAIN TRAINING Education

Prerequisites: None

<input type="checkbox"/> Kinetic Chain Training: Anatomy Foundation (7 hrs) Total: \$375.00*	<input type="checkbox"/> Kinetic Chain Training: Suspension (7 hrs) Total: \$375.00*
<input type="checkbox"/> Kinetic Chain Training: Principles & Factors of Movements (7 hrs) Total: \$375.00*	<input type="checkbox"/> Kinetic Chain Training: Sports Swing Factors (7 hrs) Total: \$375.00*

GYROTONIC® & GYROKINESIS® Education

Prerequisites & Rates: Check Pilates South Texas Website

<input type="checkbox"/> GYROTONIC® Level 1 Teacher Training Program (188 hrs)+ <input type="checkbox"/> Pre-Training (6 days, 30 hrs) <input type="checkbox"/> Foundation (12 days, 60 hrs) <input type="checkbox"/> Apprenticeship (6 days, minimum 30 hrs), + 60 "teaching client" hours <input type="checkbox"/> Final Certificate (3 days, 17 hrs) - (Not Offered at PST)	<input type="checkbox"/> GYROKINESIS® Level 1 Teacher Training Program (138 hrs)+ <input type="checkbox"/> Pre-Training (6 days, 30 hrs) <input type="checkbox"/> Foundation (9days, 45 hrs) <input type="checkbox"/> Apprenticeship (3 days, minimum 15 hrs), + 30 "teaching client" hours <input type="checkbox"/> Final Certificate (3 days, 17 hrs) - (Not Offered at PST)
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EDUCATION DATE(S)

<input type="checkbox"/> STOTT PILATES® Education <input type="checkbox"/> Kinetic Chain Training Education <input type="checkbox"/> GYROTONIC® Education <input type="checkbox"/> GYROKINESIS® Education

* All Required Materials (Manuals & DVDs) & Recommended Optional Supplementary Materials are available at Pilates South Texas Studio



EDUCATION

Degrees & Certificates (i.e. Dance, Kinesiology, Physical Therapy, GYROTONIC®, GYROKINESIS®, MELT Method®, Yoga, ACE, AFAA, NASM, PMA) or submit Resume:

Degree(s): _____; _____; _____; _____

Certificate(s): _____; _____; _____; _____; _____

Anatomy and/or Biomechanics Education:

Course/Workshop: _____; When: _____; Location: _____

EXPERIENCE

Pilates, GYROTONIC® and/or GYROKINESIS® Experience:

What Pilates Method: _____; How Long: _____ none, _____ 1 - 10 hours, _____ 10 - 30 hours, _____ 30+ hours, _____ 1 year, _____ 2+ years

GYROTONIC®: _____; How Long: _____ none, _____ 1 - 10 hours, _____ 10 - 30 hours, _____ 30+ hours, _____ 1 year, _____ 2+ years

GYROKINESIS®: _____; How Long: _____ none, _____ 1 - 10 hours, _____ 10 - 30 hours, _____ 30+ hours, _____ 1 year, _____ 2+ years

Location(s): _____; _____; _____

Instruction Experience (describe type of instruction & duration):

Empty box for instruction experience details.

ADDITIONAL INFORMATION

Injuries, conditions or postural concerns that I know may limit my performances during the education: (Medical clearance is required).

(Physical participation is required. Any physical concerns acquired during the education that impede physical participant will not exempt student from completing all required hours.)

Empty box for additional information.

How I heard about the education at Pilates South Texas:

Referral Name(s): _____; _____; _____; _____

Internet: _____ Pilates South Texas Website; _____ Merrithew™ Website; _____ GYROTONIC® Website or _____ Social Media: _____

Additional education I aspire to register:

- ◆ _____ Matwork (IMP) _____ Reformer (IR) _____ Cadillac (ICAD) _____ Chair (ICHR) _____ Barrels (IBRLS) _____ Injuries & Special Populations (ISP)
◆ _____ Matwork (AM) _____ Reformer (AR) _____ Cadillac (ACAD) _____ Chair (ACHR) _____ Barrels (ABRLS)
◆ KINETIC CHAIN TRAINING Education: _____ Anatomy Foundation _____ Principles & Factors of Movements _____ Suspension _____ Sports Swing Factors
◆ GYROTONIC® Education: _____ GYROTONIC® Pre-Training _____ GYROTONIC® Foundation _____ GYROTONIC® Apprenticeship
◆ GYROKINESIS® Education: _____ GYROKINESIS® Pre-Training _____ GYROKINESIS® Foundation _____ GYROKINESIS® Apprenticeship

The Certification(s) I aspire to achieve:

Table with 3 columns: STOTT PILATES® Level 1 Certification, STOTT PILATES® Level 1 & 2 Certification, STOTT PILATES® Full Certification. Includes checkboxes for Matwork, Reformer, Cadillac, Chair, Barrels, and other options.

APPLICANT'S CHECKLIST

I have included the following documents with the application (Please Check):

_____ Letter of completion of an accredited anatomy or biomechanics education (Require for STOTT PILATES® Education)

_____ I am registering for the Kinetic Chain Training Education

Date for Anatomy Foundation: _____; Date for Principles & Factors of Movements: _____

_____ Two letters of reference (Require for STOTT PILATES® Education)

_____ 30 hours Pilates sessions or _____ 10 hours GYROTONIC® sessions or _____ 10 hours GYROKINESIS® sessions

I hereby certify that the information provided on this application is accurate.

Signature: _____

Date: _____

PAYMENT INFORMATION

Amount: _____

◆ _____ Check, _____ Check # (Check payable to Center Pose, Inc.); ◆ _____ Visa; ◆ _____ MasterCard; ◆ _____ American Express

Name on Credit Card: _____

Credit Card #: _____; Expire Date: _____; CVC Code: _____

Signature: _____ Date: _____

(I authorize Center Pose, Inc., d/b/a Pilates South Texas to charge the above Credit Card for the payment indicated above)