



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

First Name: _____ **Last Name:** _____

Mailing Address: _____ **City, State, Zip:** _____

Phone: _____ **E-Mail:** _____

REGISTRATION POLICIES

REFUND & TRANSFER POLICIES FOR ALL EDUCATION: The Application Fee (AF) is non-transferable and non-refundable. Prices are subject to change. An (AF) of \$100.00 is required per Registration start date. (AF) payment is deducted from the Total fee.

STOTT PILATES® Education: INTENSIVE PROGRAMS (Level 1)

STOTT PILATES® Education: ADVANCED PROGRAM (Level 2)

___ IMP: Intensive Mat-Plus™ (40 hrs) Total: \$1,419.97* <u>Prerequisites:</u> Knowledge of functional anatomy & 30+ hours of Pilates classes	___ AM: Advanced Matwork (6 hrs) Total: \$319.76* <u>Prerequisites:</u> IMP Course
___ IR: Intensive Reformer (50 hrs) Total: \$1,943.46* (Require Mat & Reformer Support Materials Manual, \$32.48) <u>Prerequisites:</u> Knowledge of functional anatomy & 30+ hours of Pilates classes	___ AR: Advanced Reformer (18 hrs) Total: \$886.34* <u>Prerequisites:</u> IR Course
___ ICCB: Intensive Cadillac, Chair and Barrels (50 hrs) Total: \$2,362.28* ___ ICAD: Intensive Cadillac Module (25 hrs); Total: \$1,287.30* ___ ICHR: Intensive Chair Module (15 hrs); Total: \$771.09* ___ IBRL: Intensive Barrels Module (10 hrs); Total: \$703.89* <u>Prerequisites:</u> IMP Course or IR Course	___ ACCB: Advanced Cadillac, Chair and Barrels (12 hrs) Total: \$672.32* ___ ACAD: Advanced Cadillac Module (6 hrs); Total: \$323.66* ___ ACHR: Advanced Chair Module (3 hrs); Total: \$273.66* ___ ABRL: Advanced Barrels Module (3 hrs); Total: \$225.00* <u>Prerequisites:</u> ICCB or ICAD, ICHR, IBRL (for respective advanced module)
___ ISP: INJURIES & SPECIAL POPULATIONS (24 hrs) Total: \$1,501.91* <u>Prerequisites:</u> IMP Course or IR Course	

STOTT PILATES® CERTIFICATION EXAM: Achieve internationally recognized STOTT PILATES® Certification

___ **Level 1 Exam** or ___ **Level 2 Exam:** ___ Mat ___ Reformer ___ Mat & Reformer ___ Mat, Reformer, Cadillac, Chair & Barrels
 ___ **Full Exam** (Combined Level 1 & Level 2 of Mat, Reformer, Cadillac, Chair & Barrels)

E-mail info@pilatessouthtexas.com or Call 1.888.838.3664, ext. 2 to Schedule Exam Date & Inquire Exam Fee

KINETIC CHAIN® Education

Supplement current instruction and programming and Earn CECs: Maximum 0.2 STOTT PILATES® CECs annually and 1.0 PMA® CECs per hour

KINETIC CHAIN® Training ___ Part A: Anatomy for Movements (6 hrs) Total: \$375.00* <u>Prerequisites:</u> None ___ Part B: C.O.R.E. Principles & Movements (6 hrs) Total: \$375.00* <u>Prerequisites:</u> Part A ___ Part A & B: Anatomy & C.O.R.E. (12 hrs) Total: \$600.00* <u>Prerequisites:</u> None ___ Part C: KINETIC CHAIN® Training in Motion App Total: Monthly Subscription <u>Prerequisites:</u> Part A & B	KINETIC CHAIN® Suspension ___ C.O. R. E. Principles & Workout (5 hrs) Total: \$250.00* <u>Recommendations:</u> Part A & B	KINETIC CHAIN® Sports Motion ___ C.O.R.E. Principles & Workout (5 hrs) Total: \$250.00* <u>Recommendations:</u> Part A & B
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EDUCATION DATE(S)

___ **STOTT PILATES® Education** _____

___ **KINETIC CHAIN® Education** _____

* Education materials are included. Recommended supplementary materials (manuals, DVDs, small equipment and props) are available for purchase at Pilates South Texas



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 Self Practice:

Pilates Method? (STOTT PILATES® or Other) _____

Mat: _____: _____ none, _____ 1 - 10 hours, _____ 10 - 30 hours, _____ 30+ hours, _____ 1 year, _____ 2+ years

Reformer: _____: _____ none, _____ 1 - 10 hours, _____ 10 - 30 hours, _____ 30+ hours, _____ 1 year, _____ 2+ years

Other (Cadillac, Chair and/or Barrels): _____: _____ none, _____ 1 - 10 hours, _____ 10 - 30 hours, _____ 30+ hours, _____ 1 year, _____ 2+ years

Location(s): _____

Fitness Instruction and/or Coaching Experience & Duration:

Type(s) of Instruction (i.e., pilates, yoga, group fitness, personal trainer or none): _____

Location(s): _____

Duration: _____

ADDITIONAL INFORMATION

Physical participation is required. Any physical concerns acquired during the education that impede physical participant will not exempt student from completing all required hours. - List any injuries, conditions or postural concerns that I know may limit my performances during the education (Medical clearance may be required).

How I heard about the education at Pilates South Texas:

Referral Name(s): _____

____ 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® Education: ____ Anatomy for Movements ____ C.O.R.E. Principles & Movements ____ SUSPENSION ____ SPORTS MOTION

The Certification(s) I aspire to achieve:

◆ STOTT PILATES® Level 1 Certification ____ Matwork ____ Reformer ____ Matwork & Reformer ____ Matwork, Reformer, Cadillac, Chair & Barrels	◆ STOTT PILATES® Level 1 & 2 Certification ____ Matwork ____ Reformer ____ Matwork & Reformer ____ Matwork, Reformer, Cadillac, Chair & Barrels	◆ STOTT PILATES® Full Certification ____ Matwork, Reformer, Cadillac, Chair & Barrels & Completion of the ISP Course
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APPLICANT'S CHECKLIST

I have included the following documents with the application:

- STOTT PILATES® Education: ____ Two letters of reference; ____ Completion minimum 30 hours of Pilates sessions (Option: Purchase course materials to familiarize names & exercises prior to start date)
- ____ Completion Letter of anatomy education (Option: Attend KINETIC CHAIN® Training - Anatomy for Movements)
- ____ I am registering KINETIC CHAIN® Training - Anatomy for Movements. E-mail info@pilatessouthtexas.com to Inquire Date & Fee
- ____ It is not my first STOTT PILATES® Course (Prerequisite: Submit Completion Letter of respective Intensive Course - IMP, IR, ICAD, ICHR or IBRL)

- KINETIC CHAIN® Education: KINETIC CHAIN® Training: ____ (Part A) - Anatomy for Movements; ____ (Part B) - C.O.R.E. Principles & Movements; ____ (Part A & B)
- KINETIC CHAIN® Suspension: ____ C.O. R. E. Principles & Workout
- KINETIC CHAIN® Sports Motion: ____ C.O. R. E. Principles & Workout

PAYMENT INFORMATION

Amount: _____

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

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

Name on Credit Card: _____ Signature: _____ Date: _____

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