

** Complete this form in Black Ink and BLOCK CAPITAL LETTERS and return by fax or mail to Pilatique Pilates Studio **

REGISTRATION

First Name:		Last Name:	
Company Name:		Occupation:	
Mobile No.:		Email:	
Address:			
City:		State / Province:	
Postcode:		Country:	
Date of Birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact Person: (in case of emergency)		Contact No.:	

INTENSIVE PROGRAM

- | | | |
|--|---|---|
| <input type="checkbox"/> IMP Mat-Plus | <input type="checkbox"/> AM Advanced Matwork Repertoire | <input type="checkbox"/> Anatomy Review |
| <input type="checkbox"/> IR Reformer | <input type="checkbox"/> AR Advanced Reformer Repertoire | <input type="checkbox"/> Postural Analysis Review |
| <input type="checkbox"/> ICCB Cadillac, Chair and Barrels | <input type="checkbox"/> ACCB Advanced CC&B Repertoire | |
| <input type="checkbox"/> ISP Injuries & Special Populations | <input type="checkbox"/> WORKSHOPS | |

START DATE(S) REQUESTED

COURSE REGISTRATION

- Deposit of 30% of the course fee and materials fee to secure a place on any of the course or workshop as space is limited and applications will be processed on a first come-first-served basis. **Place will ONLY be reserved upon the receipt of all application forms and deposit.**
- **Prices are subject to change without notice.** Fees for courses and workshops do not include required course materials or applicable taxes unless stated. Full course fees are due 2 weeks before course start date. **Deposits and course fees are non-refundable and non-transferable.**

WAIVER

I, _____, hereby release Pilatique™ Pilates Studio and the location in which this course or workshop is being held, from any responsibility or liability due to my participation in Pilatique™ workshops. I am fully aware that I am participating in these sessions at my own risk and will not hold those named above responsible in the event of my incurring any injury or exacerbating any previously existing conditions. I fully intend to use common sense when practicing Pilates and will be mindful of my own physical limitations and prior injuries so as not to sustain further damage. If I have any comprehensive medical conditions, I have consulted with my physician to make sure Pilates is appropriate for me to participate in.

Signature

Date

PAYMENT METHOD

Payments should be made in Ringgit Malaysia (RM) without charges for the beneficiary as follows:

Cheque / Telegraphic Transfer should be made payable to:

BALANCED WORKOUT SDN. BHD.

Bank Account Number: 359-210168-101

Bank: HSBC Bank Malaysia Berhad,
Level 1, Annexe, Menara Milenium, Jalan Damalela,
Pusat Bandar Damansara, 50490 Kuala Lumpur, Malaysia.
Tel: +603.2050.7676 Fax: +603.2093.2321

SWIFT Code: HBMBMYKL

- | | | |
|----------------------|---|-------|
| Total Amount | : | |
| Deposit only | : | |
| Full payment | : | |
| Cash | : | |
| Cheque | : | |
| Telegraphic Transfer | : | |
| Credit Card | : | |

Credit Card: We only accept VISA and MasterCard

Visa Mastercard

I hereby authorize "Balanced Workout Sdn. Bhd" to debit my credit card to the value of: **RM**

Card No.:	Issuing Bank:
Expiration Date:	Credit Card Verification Code : (The last 3 digits on the rear side of your credit card)
Cardholder : (Name as appears on Card):	Signature:

** We do not accept registration into our courses from pregnant students. Normally it is considered safe and desirable to workout during pregnancy as the workout is being tailored to an individual and her particular stage of pregnancy, however courses cannot be geared to pregnancy or to that particular individual. We believe that by allowing participation by a pregnant student, we expose both ourselves and the student to unnecessary risk **

RELEVANT EDUCATION

please list related degrees, diplomas, post secondary or certificate courses and workshops

describe anatomy education (musculoskeletal / biomechanics) college / university course workshop / other
(include number of hours, when/where you studied)

list related certification (e.g. ACE, CSCS, AFAA, etc. please specify)

RELEVANT EXPERIENCE

outline your teaching experience (describe subject taught / years teaching)

describe your personal experience in dance, fitness or other body work (how many years / how recently)

outline your Pilates experience (describe when & where, STOTT PILATES or other) None 1-10 hours 10-30 hours 30+ hours

PERSONAL INFORMATION

have you any injuries, conditions (including current / recent pregnancy) or postural issues that may affect your performance during the course? (medical clearance may be required)

how did you hear about STOTT PILATES / STOTT EDUCATION?

how did you hear about Pilatique™ Pilates Studio?

why are you interested in becoming a STOTT PILATES certified instructor?

how do you plan to use your certification (how will you be applying your knowledge)?

are you using this course to fulfill continuing education credits? yes no