

REGISTRATION

CONTACT INFORMATION

NAME: _____ DATE: _____

Address: _____

City: _____ STATE: _____ Zip: _____

PHONE: _____ Cell PHONE: _____ Work PHONE: _____

E-Mail: _____ DATE of BIRTH: ____ / ____ / ____
 (to be used for COMMUNICATION AND CONFORMATION PURPOSES ONLY)

EMERGENCY CONTACT-NAME: _____ PHONE: _____

**Mail COMPLETED FORM To: PC of NC, 3434 Kildaire Farms Road Suite 120, Cary, NC 27518
 OR FAX To: 919-363-2178**

Workshops (check all that apply)	START DATE (please supply)	Workshops (check all that apply)	START DATE (please supply)
<input type="checkbox"/> MAT Pilates with Fitness Ring		<input type="checkbox"/> MAT Pilates w/ Flex Band	
<input type="checkbox"/> MAT Pilates w/ the Small Ball		<input type="checkbox"/> INCREASING Flexibility	
<input type="checkbox"/> MAT Pilates and Weights		<input type="checkbox"/> Props to Add Assistance	
<input type="checkbox"/> MAT Pilates & the Foam Roller		<input type="checkbox"/> Props to Add Resistance	
<input type="checkbox"/> MAT Pilates with the Ball		<input type="checkbox"/> REFORMER with Props	

- STUDENTS ARE STRONGLY RECOMMENDED TO REGISTER AT LEAST 4 WEEKS IN ADVANCE.
 - PLEASE NOTE THAT CANCELLATIONS 21 days OR MORE PRIOR TO COURSE WILL RECEIVE A REFUND MINUS 20% ADMINISTRATION FEE. NO REFUNDS WILL BE GIVEN 21 days PRIOR TO COURSE.
- _____ (PARTICIPANT SIGNATURE) _____ (DATE)

FEES (SELECT ONE)	TOTALS
<input type="checkbox"/> ONE—TWO Workshops \$125 EACH	\$125 x _____ = _____
<input type="checkbox"/> THREE - FOUR Workshops \$120 EACH	\$120 x _____ = _____
<input type="checkbox"/> FIVE—SIX Workshops \$115 EACH	\$115 x _____ = _____
<input type="checkbox"/> SEVEN—EIGHT Workshops \$110 EACH	\$115 x _____ = _____
<input type="checkbox"/> ALL NINE Workshops \$100 EACH	\$100 x 9 = \$900
	TOTAL PAYMENT DUE:

PAYMENT INFORMATION

PRICES ARE SUBJECT TO CHANGE. Full Payment must be received with registration form. PLEASE MAKE CHECKS PAYABLE TO: **PILATES THE FORM** Cash payment will be accepted only in person at the studio.

CHECK MASTERCARD VISA (We do not take American Express or Discover)

CARD NUMBER: _____

EXP. DATE: ____/____/____ CVS# _____ NAME ON CARD: _____

Billing Address: _____ City: _____ STATE: _____

Zip: _____ SIGNATURE: _____ DATE: ____/____/____

TOTAL PAYMENT DUE FROM PAGE 1: \$ _____

I HEREBY AUTHORIZE PILATES THE FORM TO CHARGE THE ABOVE CREDIT CARD FOR THE SELECTED COURSE AND PAYMENT ABOVE. I UNDERSTAND THAT IF I CANCEL 21 DAYS OR MORE PRIOR TO COURSE, I WILL RECEIVE A REFUND OF AMOUNT PAID MINUS A 20% ADMINISTRATION FEE. I ALSO UNDERSTAND THAT NO REFUNDS WILL BE GIVEN 21 DAYS PRIOR TO COURSE AND IF I DROP OUT OF COURSE PRIOR TO COMPLETION THE REMAINING UNPAID AMOUNT WILL AT THAT TIME BE CHARGE TO THE ABOVE CREDIT CARD.

_____ (PARTICIPANT SIGNATURE) _____ (DATE)

RELEASE

"I, _____, HAVE ENROLLED IN THE PILATES THE FORM CERTIFICATION PROGRAM OFFERED THROUGH THE PILATES THE FORM. I RECOGNIZE THAT THE PROGRAM MAY INVOLVE STRENUOUS PHYSICAL ACTIVITY INCLUDING, BUT NOT LIMITED TO, MUSCLE STRENGTH AND ENDURANCE TRAINING, CARDIOVASCULAR CONDITIONING AND TRAINING, AND OTHER VARIOUS FITNESS ACTIVITIES. I HEREBY AFFIRM THAT I AM IN GOOD PHYSICAL CONDITION AND DO NOT SUFFER FROM ANY KNOWN DISABILITY OR CONDITION WHICH WOULD PREVENT OR LIMIT MY PARTICIPATION IN THIS EXERCISE PROGRAM. I ACKNOWLEDGE THAT MY ENROLLMENT AND SUBSEQUENT PARTICIPATION IS PURELY VOLUNTARY AND IN NO WAY MANDATED BY PILATES THE FORM." "IN CONSIDERATION OF MY PARTICIPATION IN THIS PROGRAM, I, _____, HEREBY RELEASE PILATES THE FORM AND ITS AGENTS FROM ANY CLAIMS, DEMANDS, AND CAUSES OF ACTION AS A RESULT OF MY VOLUNTARY PARTICIPATION AND ENROLLMENT." "I FULLY UNDERSTAND THAT I MAY INJURE MYSELF AS A RESULT OF MY ENROLLMENT AND SUBSEQUENT PARTICIPATION IN THIS PROGRAM AND I, _____, HEREBY RELEASE PILATES THE FORM AND ITS AGENTS FROM ANY LIABILITY NOW OR IN THE FUTURE FOR CONDITIONS THAT I MAY OBTAIN. THESE CONDITIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, MUSCLE PULLS, MUSCLE TEARS, BROKEN BONES, SHIN SPLINTS, HEAT PROSTRATION, INJURIES TO KNEES, INJURIES TO BACK, INJURIES TO FOOT, OR ANY OTHER ILLNESS OR SORENESS THAT I MAY INCUR, INCLUDING DEATH." I ALSO AGREE NOT TO SUE PILATES THE FORM, ITS EMPLOYEES, OR ITS AGENTS AND AGREE TO INDEMNIFY PILATES THE FORM 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 HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (PARTICIPANT SIGNATURE) _____ (DATE)