

THE PILATES CERTIFYING CENTER @ TRDANCE

REGISTRATION FORM

Date of Assessment _____

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

PHOTO RELEASE AGREEMENT

Photos may be taken of me while I am enrolled in The Pilates Center Certification Program and may be used by the studio in brochures, ads or other types of publicity.

TERMS AND CONDITIONS

I have read and completely understand and agree to all the terms and conditions of the Pilates Certification Program. In addition, I agree to conduct myself in a professional manner during my apprenticeship. Repeated tardiness, abuse of drugs/alcohol, sexual harassment, verbal or physical abuse, or theft will be grounds for immediate dismissal. There will be no refund of tuition.

By checking this box you agree to the photo release agreement and all terms and conditions.

(Your registration will not be accepted if this box isn't checked.)