

**ZenLates™ Training Systems, LLC  
Teacher Training Registration Form**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Name: \_\_\_\_\_

Training Program Date(s): \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Payment Amount Enclosed: \_\_\_\_\_

Payment Method: \_\_\_\_\_ cash \_\_\_\_\_ check (ck # \_\_\_\_\_) payable to: *Core Pilates & Yoga*

Credit Card: Visa MC AmExp Number: \_\_\_\_\_

CVV2: \_\_\_\_\_ (3 digit code on back) Expiration (00/00): \_\_\_\_\_

Signature: \_\_\_\_\_

Name/Address of Credit Card Holder if different from above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Refund Policy: Refunds given if written notice is received 60-days prior to the first day of the training. A \$25 processing fee will be deducted from the refund amount and applies for all trainings paid in full. Please note there is a \$300 NON-REFUNDABLE DEPOSIT for the 450-Hour Pilates Comprehensive Payment Plan.

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Please remit payment to:  
Core Pilates & Yoga  
c/o Lara Garda  
2607 Nicholson Road  
Building II Suite 100  
Sewickley PA 15143

For questions regarding the training or to register over the phone contact  
Lara Garda - 412.551.9811

*Thank you!*

# ZenLates™ Training Systems, LLC Teacher Training Registration Form

Please take a few moments to complete the following questions regarding the ZenLates™ Instructor Education Training Program. All information is confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is there any reason(s) health or personal, which may limit or prevent you from participating in this Instructor Education Program? \_\_\_\_\_No \_\_\_\_\_Yes (please note limitations below)

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY

I understand that I will be participating in an Instructor Education Training Program that will require physical exertion. Although the most common injuries or symptoms associated with exercise involve sprains, strains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury (and in extreme cases, death) associated with any fitness program. I understand, from being a Fitness Professional, the risks and limitations involved in Training Workshops/Programming. Before beginning this program, I also was asked whether I have any limitations that might make it unsafe to participate in this Instructor Education Training Program. There are no such limitations, medications or treatments other than those I have disclosed.

I understand that by signing this statement, I am agreeing not to hold ZenLates™ Training Systems, LLC; its instructors, owners, agents or insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation in this Instructor Education Training Program. I also will not hold the hosting studio: Core Pilates & Yoga; its instructors, owners, agents and insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation. As such, I understand and agree to these terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

What type(s) of fitness program(s) are you currently instructing?

Private Fitness Training      Group Cycling      Pilates      Yoga      Boot Camp  
Body Sculpt      Other: \_\_\_\_\_

What are your short term goals (3 to 6 months) with regard to this Instructor Education Training Program?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What agencies/organizations are you currently certified with: ACE      AFAA      NSCA      RYT      PMA  
Other: \_\_\_\_\_ Are you currently CPR/First Aid Certified? YES      NO

What other education programs are you interested in attending in the future? \_\_\_\_\_

\_\_\_\_\_