



The Advanced Seminar  
2017 Application

73 High St.  
Newburyport, MA 01950

## Program Overview

**The Advanced Seminar** is a course designed for comprehensive certified teachers looking to expand their knowledge base of the Pilates system and its application to particular individuals. The seminar is divided into three, 3-day sessions that will take place over the course of one year.

### Curriculum Overview

- Exercise clarification on all apparatus
- Variations and modifications for select populations
- Lesson design that progresses toward specific goals
- Refinement of cueing and touch techniques
- Fine-tune your eye and prioritize corrections
- Refresh and polish your Pilates teaching and personal practice

### Entrance Requirements

- Certificate of Completion from a comprehensive classical education program
- Minimum 5 years teaching experience after certification completion date
- Completion of The Advanced Seminar application

### Schedule 2017

- Session 1, April 21<sup>st</sup>-23<sup>rd</sup>
- Session 2, August 4<sup>th</sup>-6<sup>th</sup>
- Session 3, October 27<sup>th</sup>-29<sup>th</sup>

Sessions meet at the following times: Friday's 9a-5p, Saturday's 9a-5p and Sunday's 9a-3p  
(Above dates are subject to change)

## Application for The Advanced Seminar

### Contact Information

Full Name:

Email:

Phone:

### Pilates Certification and Training

Organization and

Date Certified:

Additional Workshops,

Certifications and/or

training:

### Employment History

Studios and Dates of Employment

### Apparatus Experience

Please list below any pieces of apparatus that you would like to delve deeper into:

Please explain why you're interested in this program and provide a brief explanation of what you hope to take away from The Advanced Seminar:

## Pricing

- Three 3-day modules of focused study \$2250  
(lunch is included for each day)

## Policies

Admission: Applicant will be notified via email of enrollment.

Payment: Invoice will be sent upon review of application.  
Payment is due in full within 30 days of acceptance into the program.

### Cancellation and Refunds:

Application fee of \$50 is non-refundable  
75% refund 30 days before course begins  
25% refund 14 days before course begins

I have read, understood and agreed to The Advanced Seminar program policies.

Signature:

Date:

# progressivebodyworks

## Participant Screening

**Health History:** Please check any of the following conditions that apply

- Back Trouble
- Neck Trouble
- Shoulder Problems
- Hip Problems
- Knee Problems
- Other Joint Problems (wrists, ankles, elbows...)
- Arthritis
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Glaucoma
- Diabetes
- Asthma
- Epilepsy
- Osteoporosis or Osteopenia ?
- I have had a bone density scan in the last 2 years? Finding:
- High anxiety
- I am pregnant
- I am trying to get pregnant
- I smoke
- I struggle with depression
- I have had surgery in the last 2 years: \_\_\_\_\_
- I have other medical concerns: \_\_\_\_\_
- I am on medication: \_\_\_\_\_

If any of the above are checked – Please clarify:

1. Do you experience dizziness or lose your balance when exercising, standing up suddenly, or changing positions?

Yes                                  No

2. Are there any movements that cause you pain? If yes, please explain

Yes                                  No

Signature and Date:

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## Informed Consent

I have been informed that I should consult a health care professional before starting this or any exercise program.

I agree to take full responsibility for not exceeding my limits in the Pilates session or class and for any injury or discomfort I might experience by participating in this class. I agree not to hold *Progressive Bodyworks* responsible for any injuries or damage, which occurs while participating in this exercise class or session.

All workout sessions are 55 minutes long and begin promptly at their scheduled times.

A 24 hours notice must be given to cancel a lesson without being charged and that all sales are final.

I understand the cancellation policy.

All the information I have provided about my health is correct and I will keep my instructor informed of any changes in my physical condition.

Signature and Date:

