



kane school teacher training registration core muscle anatomy

prerequisites:

- A love for learning!

course requirements:

- Completion of two weekends of Core Muscle Anatomy at BCSP

tuition:

- Total cost of the program is approximately **\$510**
 - \$435.00 tuition (includes course manual)
 - A \$60 deposit is due at the time of registration.
 - The remaining balance must be paid the Friday before the first day of the course.
 - \$75 (estimated) for required text: Trail Guide to the Body

cancellation & refund policy:

- If cancellation is made at least one week prior to the first day of the workshop, the initial deposit is transferable to another BCSP Education workshop only. This credit must be used within one year. Cancellation with less than one week's notice will result in forfeiture of the initial deposit.
- Tuition payments are non-refundable.

kane school enrollment contract core muscle anatomy workshop

The following is a list of the BCSP's requirements and conditions for participating in our Education Workshops, including any Offsite Training Center courses. Both the tuition deposit and this form must be completed or this registration will not be processed. Please read carefully and if you have any questions, please contact us.

Name: _____ Date: _____

_____ 1. The student acknowledges that he/she is enrolling in a 24-hour lecture course. It is the student's responsibility to obtain any material missed. Missed material must be obtained from fellow students. It is not the responsibility of the Kane School or its teachers to allocate extra teaching time for missed classes.

_____ 2. Copying or redistribution of any and all materials distributed to the student by the Kane School, kinected or BCSP is prohibited. This includes photocopying, recording, electronic or mechanical transmissions, or any information storage or retrieval system.

_____ 3. The student acknowledges that they are enrolling in this course at their own risk. It is solely the student's responsibility for maintaining their own physical and mental health in order to complete the course.

_____ 4. The Kane School, kinected and BCSP reserves the right to terminate any student from our teacher

training program for misconduct and/or any other verbal or physical abuse, property damage or theft.

_____ 5. The student agrees to release collectively all Kane School, kinected and BCSP employees from any and all liability.

_____ 6. The Kane School and BCSP requires that a deposit be made when submitting this enrollment contract for registration. Registration is not guaranteed if this form and a deposit are not submitted simultaneously.

_____ 7. The student acknowledges and understands all of the financial terms they are agreeing to by enrolling into the teacher training program at the BCSP via the Kane School. The student agrees to abide by all of the terms of their financial agreement with BCSP.

_____ 8. If a payment is not made on the scheduled date, the student will not be able to attend the course that they are registered for until payment has been made.

_____ 9. If cancellation is made at least one week prior to the first day of the workshop, the initial deposit is transferable to any other service or workshop at Body Center. The credit must be used within one year. Cancellation with less than one week's notice will result in forfeiture of the initial deposit. Tuition payments are non-refundable.

_____ 11. Prices and policies are subject to change without notice.

kane school teacher training student health form core muscle anatomy training

** This is your confidential student/client history form. Please fill out as much as possible and sign.*

Name: _____ Date: _____

Email: _____ Tel: _____

Date of Birth: _____ Occupation: _____

Company Affiliation (if any): _____

Emergency Contact Name: _____ Tel: _____

LIST YOUR PHYSICAL ACTIVITIES AND FREQUENCY (INCLUDE ALL ACTIVITIES, i.e., GARDENING, LIFTING, CHILDREN, SPORTS, DANCE, WALKING):

INFORM US OF ANY MOVEMENT LIMITATIONS (THIS MAY INCLUDE INJURIES AND/OR STIFFNESS):

LIST YOUR PAST/CURRENT MEDICAL HISTORY:

LIST ANY ALLERGIES OR MEDICATIONS THAT YOU ARE TAKING:

SIGNATURE: _____ **DATE:** _____

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- Course date** _____
- Name**
- Address**
- City, State, Zip**
- Phone**
- Email**

I would love to receive BCSP Education email blasts! Y_____ N_____

How did you hear about this training?

- Website
- Conference
- Email Blast
- Workshops
- Orientation Day
- Friend/Family: _____

Have you taken any anatomy workshops and when:

List other workshops related to this work that you have attended and when:

How long have you been studying Pilates? With whom do you train?

Are you considering taking the Comprehensive Mat Training at the BCSP? If so, when?

Agreement with Our Policy:

I, the undersigned, _____, have read and understood all requirements and policies listed in the enrollment contract, and agree to abide by all of the Kane School and BCSP's requirements and policies while enrolled in the teacher training program at BCSP.

Signature _____ **Date** _____

Staff Signature _____ **Date** _____

Please return this form with your deposit to: Body Center St. Pete Front Desk

BCSP 5562 Central Ave Ste. 2 | St Petersburg, FL 33707 | Phone 727-301-3764
www.bodycenterstpete.com