

# Course Enrolment Form

Please complete and submit this form when booking a Body Control Pilates course for the first time. We will keep your details on file in our secure database and they will only be used for our course administration. Please update us if your contact details change. Information provided is treated in the strictest of confidence. When booking a course, you are deemed to have accepted the terms of our Cancellation Policy. Details are available in our Course Planner or can be requested by email.

Please submit this form by email to [info@bodycontrol.co.uk](mailto:info@bodycontrol.co.uk) or by post to the address at the bottom of this form.

MR     MRS     MS

NAME .....

TEL (HOME) .....

ADDRESS .....

TEL (MOBILE) .....

.....

EMAIL .....

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DATE OF BIRTH .....

POST CODE .....

## EMERGENCY CONTACT

NAME .....

TEL .....

Please give details of your Pilates teaching qualification and submit a copy to us of your certificate (scan accepted):

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Please turn over to complete the section overleaf

# BODY CONTROL PILATES®

Do you hold a Level 3 Pilates qualification on the UK Register of Exercise Professionals?  
If yes, please give your membership number.

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Please give details of your other Pilates qualifications:

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Do you have any injuries or special educational needs that we need to be aware of?  
If yes, please give details.

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Do you have any other comments?

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SIGNED IN AGREEMENT ..... DATE .....