

TRAINER APPLICATION FORM

Personal Data

Last Name:		First Name:	
Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Date of Birth (optional):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address:			
Les Mills Licensed Club(s):			
Club City:		Club State:	

Application Information

Please select only one program for your Trainer application:

BODYATTACK® **BODYCOMBAT**® **BODYFLOW**® **BODYJAM**® **BODYPUMP**® **BODYSTEP**® **RPM**®

Assessment qualification date:

Group Fitness Certifications: **ACE** **AFAA**

Training Experience:

Les Mills Teaching Experience:

Hobbies and Interests:

Athletic Achievements:

Reason for wanting to be a Les Mills Trainer:

Waiver

I _____ confirm that I
(print full name)

- am based in the USA;
- am a qualified Les Mills Instructor affiliated with a club licensed by Les Mills;
- have signed a current Les Mills Instructor Agreement;
- have been teaching for 12 or more months in the Program;
- have Group Fitness certifications with ACE and AFAA or hold an equivalent qualification approved by both ACE and AFAA;
- have or am eligible to obtain the necessary insurances required to perform training services on behalf of LMNA in the event that LMNA agrees to certify you as a Qualified Trainer; and
- have never been convicted of a criminal offense.

Signed _____

Dated: _____