

ELITE ENERGY MASSAGE THERAPIES



MASSAGE THERAPIES ENHANCING PEAK PERFORMANCE & RECOVERY

I (parents name)_____ agree, (childs name)_____

to receive a sports massage to reduce muscle soreness and help reduce injury when attending any event/practice. I understand the therapist will have to have physical contact with the child when carrying out the massage.

It is my responsibility to inform the therapist of any health problems and to keep them updated with any new or existing injuries or health issues.

Parent/Guardians Signature _____ Date:_____

Additional information:

I, Letitia Betteridge, am a fully insured, student Studying Level 3 Sports massage. I am insured through the FHT to carry out massage and have a clear enhanced Disclosure barring system certificate. My previous experience includes carrying out massage at large sports events including the Brighton Marathon 2015. I have also recently worked for social services so have knowledge of safeguarding young people. If you, as a parent/guardian have any concerns I am more than happy to discuss the excellent benefits massage can offer.