



Florida State Massage Therapy Association, Inc. Sports Massage Team Membership Application

Name: _____ MA# _____

Home Address: _____

City/State/Zip: _____

Phones: Home (_____) _____ Cell (_____) _____

Work (_____) _____ Fax (_____) _____

Email Address: _____

Sports Massage Therapy Education

LMT For # _____ Years

Massage School Attended: _____ State: _____

Have you taken the FSMTA 8 hour Sports Massage Training? Yes No

When did you last take the course? month _____ year _____

Instructor Name: _____

Other Sports Massage Training/Certification? (when, where, instructor)

Have you previously been a member of a Sports Massage Team? If so, Where?

Team Name, Location or FSMTA Chapter: _____

Are you currently an FSMTA Member? Yes _____ No _____

(Please attach a copy of your FSMTA membership certificate or card)

Do you have Professional Liability Insurance? Yes _____ No _____

(Please attach a copy of current Liability Insurance certificate)

Do you want to be listed on the FSMTA Sports Massage Therapist Locator List? Yes _____ No _____

I understand that I will be considered an Independent Contractor to the FSMTA, and that I am responsible for all IRS income taxes on earnings that I might be paid as a Sports Massage Team Member.

I further agree to abide by the Membership Requirements and Policies of the Sports Massage Team.

Signature: _____ Date: _____

1/8/2014



Florida State Massage Therapy Association, Inc.

Sports Massage Team

Membership Requirements and Information

Below are the requirements for membership on the FSMTA Sports Massage Team (SMT) and other additional information. Please contact the State Sports Massage Chair or your Chapter Sports Coordinator should you have additional questions.

Requirements

Each SMT Member:

1. Must be licensed by the State of Florida to provide massage therapy.
2. Must be a member in good standing with the FSMTA.
3. Must have taken the FSMTA 8 hour Sports Massage Team training.
4. Must have an active professional liability insurance policy and provide a copy.
5. Agree to maintain professional conduct, appearance and attitude while working at an event

Compensation

1. Team members will be paid according to arrangements made for the event. Team members will be notified prior to the event of payment arrangements.
2. All Team members are encouraged to remain at the site until all Post Event massage services are completed.
3. All Team members will be required to complete a W-9 for tax reporting purposes.

Dress Code

Professional and appropriate attire at team events is of utmost importance. The uniform for members participating at events is as follows:

1. FSMTA LMT, SMT shirt or plain collared shirt. **Absolutely No** T-shirts, tank tops or halter tops permitted.
2. Preferable Navy blue or khaki pants or professional length shorts. No Short-shorts, cut-offs, spandex, running shorts or jeans.
3. Tennis or running shoes. No open toed sandals or flip-flops.

Miscellaneous

Each SMT member:

1. Will supply their own massage table, linens, oils/lotions, cleaners and other appropriate items as needed.
2. Must agree to use ONLY accepted Sports Massage Therapy techniques
3. Must agree to abide by all FSMTA Sports Massage Team Requirements and Procedures

Signature

Date:

1/8/2014