Massage Sign up Sheet	Massage Sign up Sheet
Event:	Event:
Nam <u>e:</u> Date:	Name: Date:
Phone:	Phone:
Town:	Town:
Current and/or Past injuries:	Current and/or Past injuries:
Are you under the care of a physician: YES NO	Are you under the care of a physician: YES NO
This therapist/ business is not responsible for aggregating a condition that was not disclosed to us at the time of this massage session.	This therapist/ business is not responsible for aggregating a condition that was not disclosed to us at the time of this massage session.
Client signature	Client signature
Therapist	Therapist