

**Massage Sign up Sheet**

Event: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Town: \_\_\_\_\_

Current and/or Past injuries:

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.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Therapist

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