

Sirriner Studio

Infant Massage Class Registration Form

Infant Massage Class
Location: Sirrine Studio- Gilbert, AZ
Date/Time:
Cost: \$100.00 per child

Registrant Information

Name: (Parents and Child D.O.B)

Address: _____
City/State/Province/Zip: _____
Email: _____
Phone: _____

Why are you interested in learning infant massage?

Is there any relevant information about the pregnancy, childbirth, about you or your child that I should know?

Please indicate any of high risk factors, complications that I should be aware of:

Infant Massage is contraindicated if the child has any of the following: (Please do not attend)

- High Fever/Temperature
- An acute infection, staph infection, illness or disease
- A skin disorder which may be contagious or cause inflammation
- Open sores or lesions
- Had recent immunizations/vaccination (wait 48-72 hours)
- Any life threatening medical condition
- An unhealed umbilical cord (tummy massage contraindicated)
- Swollen lymph nodes
- Blood clots or a blood condition
- Diarrhea or other sickness

Common Precautions for Infant Massage include:

- | | |
|--|----------------------------------|
| -Apnea | -Edema |
| -Bradycardia | -Dysplasia |
| -Tachycardia | -Hemophilia |
| -Abdominal Distention | -Jaundice |
| -Gastrointestinal or Jejunostomy feeding tubes | -Recent Surgery |
| -Hydrocephalus | -HIV/AIDS |
| -Inflammation | -Tumors/Cancer/Seizure Disorders |

Referred By: _____

In Case of emergency:
Name: _____ Phone: _____

Healthcare Provider: _____ Phone: _____

Payment Information

Payment Amount

-MasterCard -VISA -Check

Name on Card: _____

Billing address with Zip: _____

Card Account Number: _____

Expiration Date, CCV number: _____

Signature: _____

By signing above you hereby authorize SIRRINE Studio to charge your credit card for the full amount of the class, _____.

Please email completed form with credit card information to teresa@sirrinestudio.com or mail with check payment to:

Sirrine Studio Attn: Teresa
P.O. Box 2238
Mesa, Az 85214

Sirrine Studio Infant Massage Class Cancellation Policy

If you are unable to attend the course for which you registered, please inform Sirrine Studio as soon as possible. Fees are fully refundable if notification is received at least 14 calendar days prior to the scheduled start date of the course. If the notification is received within 13 calendar days and 8 calendar days of the course start date, 50% of the course fee will be charged; otherwise, if the notification is received within 7 calendar days or less, then the full course fee will be charged. Substitutions (name changes) are accepted at any time prior to the start of the course at no charge.

Sirrine Studio reserves the right to cancel course dates due to insufficient enrollment. Students will be notified of cancellations within 14 days of the course start date. If a course is cancelled for any reason, Sirrine Studio will return any prepaid registration fees. I have read and fully understand Class Cancellation Policy.

Signature: _____

I, _____, understand that I will be participating in infant massage therapy lessons as a form of adjunct health care.

I have noted above all complications, risks, or conditions my child has experienced and I have obtained my child's healthcare providers release. I will inform my instructor if any health issues arise in the 4-week class. I will not come to class if my baby gets sick, but will call before hand so a make-up class can

be scheduled.

I understand that I will be receiving infant massage therapy lessons as a form of adjunctive health care only and that it is not a substitute for other healthcare provided by a medical doctor or other licensed provider.

I hereby release and hold harmless and defend the practitioner (Infant Massage Teacher) from any claims, liability, demands, and causes of action from my and my child's participation in this therapy.

Signature: _____ Date: _____

Thank you and I look forward to teaching you!



SIRRINE STUDIO
MASSAGE YOGA ASHIATSU TRAINING