SPECTRUM CENTER SCHOOL OF MASSAGE

Student Sports Massage Registration and Health Information

Name ____

High School ____

Home Address ____

Day Phone _____________________________ Evening Phone ________________________

Age _______________ Date of Birth _______________ Female _______ Male ________

Parent/Guardian Name ____

Emergency Contact and Phone ____

Approximate date of your last visit to your health care provider ______________________

List current medications ____

Have you ever had a massage of other type of bodywork? Yes ___ No __ Type ______________

Please check whether or not you currently have or have had any of the following conditions:

__hospitalizations	**__diabetes**	**__shingles**	**__shoulder pain**
__surgeries/accidents	**__contact lenses**	**__allergies**	**__low back pain**
__high blood pressure	**__herniated disc**	**__rashes**	**__headaches**
__circulatory conditions	**__scoliosis**	**__warts**	**__broken bones**
__blood clots	**__arthritis**	**__athlete's foot**	**__sprains/strains**
__varicose veins	**__bursitis**	**__infectious diseases**	**__numbness/tingling**
__cancer/tumors	**__herpes**	**__neck pain**	**__currently pregnant**

Please use the space below to provide additional information concerning those items checked or any other health conditions you currently have or have had.

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I understand that the sports massage given by the Spectrum massage students is for purposes of increasing circulation and reducing muscular tension and spasm in preparation of and/or for post athletic competition. I further understand that the Spectrum massage students do not diagnose illness or prescribe medical or pharmaceutical treatment. It has been made clear to me that massage is not a substitute for a medical examination and it is recommended that I contact a licensed health care provider for any medical or health concerns.
It is my choice to receive a sports massage and I have provided accurate information concerning all past and current health conditions. I also understand that massage students may not receive compensation for their service.

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Signature Parent/guardian if under 18 years of age

Date _______________