



THERASAGE E.M.C.

ENROLLMENT APPLICATION

Name _____ Date of Birth ___/___/___

Address _____

City _____ State _____ Zip _____

Telephone (____) ____ - _____ Cell(____) ____ - _____ Male ____ Female ____

Email _____

Incase of emergency contact _____

Relationship to applicant _____

Class date you are requesting _____ Second request _____

EMPLOYMENT HISTORY - please give information about current job

Current occupation _____

Title _____

Starting date _____

EDUCATIONAL HISTORY – please list schools, colleges, training courses

Are you a Certified Human Massage Therapist? _____

EQUINE EXPERIENCE – please describe your background with horses

Do you have a horse ___ Yes ___ No Breed _____

Are you currently riding or competing ___ Yes ___ No

What discipline _____

Do you have any therapeutic experience with horses _____

Please list any clubs or organizations of which you are a member _____

SAFETY & HEALTH – This course is physically and mentally strenuous (standing and sitting for long hours, travel to various locations, holding heavy horse limbs, reading, studying, testing, etc.) Do you have any physical limitations or special learning needs? If so, describe fully _____

Do you suffer from allergies Yes/No _____

Do you presently have health insurance? List carrier, policy number and name/phone of physician to contact in case of emergency _____

Have you ever had bodywork? (Chiropractic, massage, acupuncture, etc.) _____

YOUR INTERSET IN EQUINE MASSAGE THERAPY

How did you hear about us? _____

Why are you interested in this training? _____

What are your plans upon graduation? _____

Are you interested in continuing education courses? _____

TUITION & PAYMENT – Total cost of tuition is \$800.00. There is a \$200.00 registration fee due at the time of enrollment that is non-refundable if student cancels or is a no show. Balance of \$600.00 is due the first day of class. Cost includes books, handouts, and other materials. Please make check payable to Therasage EMC and include it with your Application for Enrollment form and mail it to:

**Therasage E.M.C.
2214 Kennedy Road
Janesville, WI 53545**

I certify that I am in good health and am fully capable of participating in the Therasage Equine Massage Certification Program, and that the information I have provided in this application is true and factual. I acknowledge that horses and ponies are large, unpredictable, strong animals that can cause damage, injury or even death, and that in working on or around horses and ponies, I am accepting this risk, and agree to hold harmless Greg Gage, Therasage E.M.C. any instructor, and any barn, farm, ranch or horse/pony owner, or anyone else associated with this program.

Application's Signature

Date Signed