

**- REGISTRATION INTAKE FORM -**

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

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please describe any INJURIES/ SURGERIES, even past injuries not currently an issue (Enter "none" if applicable):

\_\_\_\_\_

Have you had any abdominal surgery? I.E. Cesarean Section, Surgical Mesh Implant, Hernia?

\_\_\_\_\_

Do you currently spend long hours sitting? Standing? Heavy Labour? \_\_\_\_\_

\_\_\_\_\_

Current Medications (Enter "none" if applicable):

\_\_\_\_\_

Do you have any of the following conditions? Please describe. (Enter "none" if applicable).

Eye / Retinal Weakness Describe: \_\_\_\_\_

High/Low Blood Pressure Describe: \_\_\_\_\_

Heart Condition Describe: \_\_\_\_\_

Cancer/Tumors Describe: \_\_\_\_\_

Skin Conditions Describe: \_\_\_\_\_

List the physical areas of main concern to be addressed.

**BE SPECIFIC:** Limitations in range of motion, pain vs discomfort ETC.:

\_\_\_\_\_

\_\_\_\_\_

Is there any reason, not mentioned above, that would limit your ability to participate in Body Rolling? **YES/NO** \_\_\_\_\_

Describe:

\_\_\_\_\_

\_\_\_\_\_

**Release Waiver & Acknowledgment:**

By selecting "I Agree" the submitter of this application releases ANNE THIESSEN and/ or Wellness 4 Every BODY and waive any claims to which the submitter may become entitled for injury to person or property while attending/participating in her classes or private session.

I Agree: \_\_\_\_\_

Save completed form and email to: [anne.4everybody@gmail.com](mailto:anne.4everybody@gmail.com)