



# CENTER FOR REFLEXOLOGY & HEALING ARTS

## 120 HOUR CERTIFICATE OF COMPLETION PROGRAM REGISTRATION FORM

Today's Date: \_\_\_\_\_

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

Address (Line 1): \_\_\_\_\_

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

Address (Line 2): \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Emergency Contact's

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

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

Please list all previous reflexology training. Include school, location, and instructors.

Please list all massage/healthcare education.



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What is your primary interest in taking this class?

Please list all allergies, disabilities or any other conditions that affect your health so that I may support you having a health learning environment.

Anything else you would like me to know before class starts?