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COURSE REGISTRATION FORM

My personal Information:

Name:	
Email Address:	
Contact phone number:	
Emergency contact phone number:	
Emergency contact name:	

Course I'm applying for:

MY JOYFUL DOJO TRAINING SEMINAR:	
CASUAL CLASS PASS - \$30	
10 WEEK TERM - \$250	
REIKI LEVEL ONE:	
2 DAY COURSE - \$450	
SELF CARE MASSAGE:	
BREAST CANCER RECOVERY 7 PART SERIES - \$150	
SELF CARE FOR THE NECK - \$100	
FOAM ROLL ALL OVER - \$50	

Other courses I'm interested in:

DECLARATION

I agree to abide by the teachers guidance, and will conduct myself in a respectful and honorable manner, for the mutual benefit of myself, my teacher and my fellow students.

I will seek medical guidance if I have any concerns about participation in a course and will assume personal responsibility for my health.

These courses are for guidance and do not replace professional medical care. I understand the teacher reserves the right to remove me from the course if I act in a threatening or disrespectful manner to myself, the teacher or other students.

I understand that if there is concern about a health issue you may recommend referral to another health care professional.

PRINT NAME:
SIGNATURE:
DATE:

**At all times please reach out to your teacher with further questions or concerns you may have.
This is a safe space and we look forward to helping you in your health journey.**

Lynette Jones.