



## Certification Class ENROLLMENT FORM

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Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_  Male  Female  
Email \_\_\_\_\_ Class date \_\_\_/\_\_\_/\_\_\_  
Emergency contact \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

### **EMPLOYMENT HISTORY** - please give information about current job

Current occupation \_\_\_\_\_  
Title \_\_\_\_\_

### **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 (list) \_\_\_\_\_

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, Acupressure, etc.) \_\_\_\_\_

**\*\* NOTE:** Due to strict safety and liability reasons of Therasage EMC and host facilities, if you are pregnant at the time of the selected class you will be required to attend a class at a later date. This is due to safety and liability reasons that Therasage EMC or the host facility will not be responsible for.

Please check the box that you have read this information and understand the requirement.

**TUITION & PAYMENT** – Total cost of tuition is \$1000.00. A \$200.00 registration fee is due at the time of enrollment that is non-refundable if student cancels or is a no show. Balance of \$800.00 is due the first day of class. Cost includes books, and handouts. Due to the educational aspect and proprietary information associated with Therasage EMC class materials and instruction, there is NO REFUND for anyone who has attended any class or portion of a class. At any time the student has to leave, they can move to another class of their choice to a complete the certification.

Please check the box that you understand our refund policy.

Please make check payable to Therasage EMC and mail with your enrollment form to:  
The enrollment form may also be emailed to: [info@therasageemc.com](mailto:info@therasageemc.com)

**Therasage EMC**  
**P.O. Box 2223**  
**Janesville, WI 53547**

**SIGNED CONSENT**

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed