

Texas School of Massage
17043 El Camino Real Suite #201 Houston, Texas 77058 281.488.3903
Trigger Point Therapy CE Classes

ENROLLMENT AGREEMENT

Personal Information

First Name	M.I.	Last Name	

Street Address			

City	State	Zip Code	

Primary Telephone	Alternate Telephone	Email Address	

Social Security Number	Date of Birth	Age	TX LMT#

Are you a US Citizen?	Yes No	If No, Status? _____	
	(circle one)		
Have you ever been convicted of a criminal offense (other than minor traffic violations)?	Yes No		
	(circle one)		

Education

Name of Last Educational Facility Attended	Type (Grade School, College, Specialty, etc)

Location (city, state)	

Employment

Name of Employer (if your employed)	Location (city, state)	

Position	Supervisor	Phone Number

Medical

Are you currently in good health?	Yes No	If you require any assistance for a physical/ mental impairment, please explain. _____
	(circle one)	
Are you free from communicable disease?	Yes No	
	(circle one)	

Applicant's Signature	Date

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Texas School of Massage Release Form

I, _____, a student of the Texas School of Massage, do hereby release and hold harmless the Texas School of Massage, and its owner Dr. James F. Wray, from any and all liability whatsoever for any loss and/or damage suffered by me and/or my personal property during the time of my enrollment at the Texas School of Massage.

Student Signature

Date Signed

Student's Name (printed)

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The Institute of Trigger Point Therapy Release and Copyright Notice Form

I, _____, a student of The Institute of Trigger Point Therapy, do hereby release and hold harmless The Institute of Trigger Point Therapy, and its owners Dr. Laura B. Perry and Jeffrey A. Geanangel from any and all liability whatsoever for any loss and/or damage suffered by me and/or my personal property during the time of my enrollment at The Institute of Trigger Point Therapy. The material presented in this class or classes, including all content, images, and multimedia materials, are the sole property of The Institute of Trigger Point Therapy. My signature below indicates my recognition of this copyright, and I agree to not share or teach the information presented in the class or classes with anyone without the written permission of Dr. Laura Perry.

Student Signature

Date Signed

Student's Name (printed)

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Trigger Point Therapy CE Classes

Trigger Point Therapy Continuing Education Class Terms

Fees: \$150.00 per class (unless otherwise agreed upon)

Classes are 6 hours and are typically held on the second Sunday of the month from noon to 6pm.

Payments should be made to the Texas School of Massage and submitted by 5 pm on the Friday before the class is held.

Class size will be limited to twelve (12) students.

A minimum of 5 students is required to hold a class.

All payments will be held until the date of the class and will be returned if the class is not held.

A certificate of completion will be issued to all participants at the end of the class. Keep this as proof of your state CE credits.

Although these classes are “informal” in nature, student’s that are consistently disruptive to the learning environment will be asked to leave and will not receive a refund for the class in question.

Returned checks will be charged according to the school’s policy.

Sign here to agree to the above terms

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Trigger Point Therapy CE Classes

Program Fee Record (Office Use Only)

Student's Name: _____

Class Title	Date of Class	Deposit \$ / Date of Deposit	Deposit Type or Check #	Balance \$ / Date of Payment	Balance Type or Check #	Remarks
Intro to Clinical Trigger Point Therapy		\$		\$		
Neck Pain & Headaches Protocol		\$		\$		
Low Back Protocols		\$		\$		
Stress Relief Protocol		\$		\$		