EXCEL SPORTS MASSAGE, LLC

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CONFIDENTIAL PERMISSION & RELEASE FORM for MINORS

| Minor Client's Name: | |
|--|--|
| Minor Client Date of Birth: | |
| Parent/Guardian Name: | |
| Address | |
| City | State Zip |
| Phone (Home) | (Cell) |
| Email: | |
| Emergency Contact Name & I | lumber |
| As stated by: | |
| | ATIVE CODE TITLE 13 LAW AND PUBLIC SAFETY EY BOARD OF MASSAGE AND BODYWORK THERAPY" |
| only when the client's pare providing services to the cl b) If a client is under the a | e of 18, a licensee shall provide massage and bodywork services at or legal guardian has provided written consent to the licensee ent. e of 16, a licensee shall provide massage and bodywork services at or legal guardian is in the room while services are being |
| presence of a guardian is hi | t the age of 16 years and understand the law cited above. While the ghly encouraged during therapy, I give permission to the licensed services to my child with or without my being present during the session |
| Parent/Guardian Signature: | |
| Date of Therapy: | |