

PARTICIPANT APPLICATION FORM 2020

AUTHENTIC MOVEMENT: Deepening the Practice

Susan Bauer, Registered Somatic Movement Educator / Therapist

www.susanbauer.com

Monday group: May 11, 18, 25, June 1, 8, 15

Wednesday group: May 13, 20, 27, June 3, 10, 17

NEW PARTICIPANT INFORMATION SHEET:

Name: _____

Email: _____ (please print clearly)

Phone: _____ (home) _____ (cell) Preferred #? _____

Date of birth: _____

TIME ZONE: _____ (country) _____ (time zone)

PREFERRED GROUP - Choose One

Mondays 3:30pm - 5:30pm (Pacific) _____

Wednesdays 10:30am - 12:30pm (Pacific) _____

I can only do the group I've checked above _____

Please put me in either group depending on availability _____

This application will help give me a sense of your experience level and interests. Thanks for sharing a bit about your background with me here.

Please briefly describe your previous experience with Authentic Movement.

1. Number of years practicing _____
2. List of Teachers / facilitators

3. Context and brief description of your previous work in AM.

Are you currently in therapy, or have access to a therapist if needed?

Please list any medical conditions you currently have or would like me to be aware of, as well as any hospitalizations in the past 5 years:

Have you ever been or are you currently on any medications for any psychiatric illness? Y ___ N ___

Have you ever been hospitalized for a psychiatric illness? Y ___ N ___

Feel free to list any other important information here that you would like to add, and / or comment on what you hope to get out of this group. Thank you!

Disclaimer: This online group is offered as a movement practice, and is not intended as physical, medical or psychological treatment. If you should find you need additional support, you should contact your health care provider or a mental health professional.

I also understand I will need a safe place to practice movement during this online class, and agree to not hold liable Susan Bauer for any damages that may occur to my property or to my own body, health, or well-being as a result of my participation in this series.

Refunds / Cancellation Policy: Payment for the full series is due before the first class. Please note there will be *no refunds for missed classes*. In the unlikely event a certain class is cancelled, a make-up class will be scheduled with no additional fee, and you may attend if you are able.

Participant Agreement:

I have read all of the policies and procedures listed above and agree to these terms during my time as a student / client. I have been provided a time to ask any questions about these terms, and fully understand the payment schedule and cancellation fees, as well as the other items above.

Participant Name: _____

Participant Signature: _____ **Date:** _____

Please return this application to susan@susanbauer.com. You will receive a reply and / or confirmation of acceptance within a few days. Thanks for your patience, and I look forward to sharing this practice with you.