

PARTICIPANT APPLICATION FORM 2022

AUTHENTIC MOVEMENT: Deepening the Practice

Susan Bauer, Registered Somatic Movement Educator / Therapist
www.susanbauer.com

6-week Group
September 20 - October 25, 2022
Tuesdays 10:00am - 12:30pm (Pacific time)

NEW PARTICIPANT INFORMATION SHEET:

Name: _____

Email: _____ (please type or print clearly)

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

Date of birth: _____

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

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 Authentic Movement Teachers / facilitators

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

4. Please list any other important information here that you would like to add, and / or comment on what you hope to get out of participating in this group.

4. [For those who haven't previously worked with me in Authentic Movement]: Are you available to take the Intro Workshop on September 10th?

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

6. 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___

Anything else you would like to add?

Disclaimer: This online group is offered over Zoom 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. I am fully responsible to work out the Zoom platform to access the classes.

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 and link to make your full payment. *Thank you for your patience, and I look forward to sharing this practice with you. --Susan*