

THE BODY GROUP

P H Y S I O P L U S

Client Registration Form

Client Information

Surname: _____ Given Name: _____

Sex: Male Female Date of Birth: _____ Age: _____
Day Month Year

Parent or Guardian Information

Title: Mr. Mrs. Miss Dr. Other: _____

Surname: _____ Given Name: _____

Mailing Address: _____

Home Tel: _____ Work Tel: _____ Mobile Tel: _____

E-mail address: _____

Would you like to be included in our e-mail list to receive any of the following information?

The Body Group's periodical newsletter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notice of lectures and seminars offered by The Body Group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notice of new offerings in consultation and treatment services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cancellation or Missed Appointment Policy

Please notify The Body Group a **minimum of 8 business hours (8:30 am – 6:00 pm)** for a cancellation or rescheduling of your appointment. For cancellation or appointment change under 8 hours, the **client will be charged 100% of the session fee**. Cancellation notices may be given via email or phone. Every effort will be made to give your appointment to another client if you are unable to give adequate notice and the missed appointment/late cancellation fee will be waived.

Signature of Parent or Guardian

Date