

# APPLICATION FOR SEIFUKUJITSU MASSAGE COURSE

PLEASE CHECK ONE:

Module 1, Massage Technician |  Module 2, Massage Practitioner |  Module 3, Massage Therapist

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

HOME PH: ( \_\_\_\_ ) \_\_\_\_\_ WORK PH: ( \_\_\_\_ ) \_\_\_\_\_

AJFF JUJITSU RANK: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

SENSEI: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

AJFF #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

If you are not an AJFF member, or your AJFF membership expires before the completion of the massage program, you will be required to renew membership. Please request an AJFF membership application from your sensei, AJFF Central Office, of the Massage Program Administrator. Return you application and fee to the Massage Program Administrator and it will be processed and forwarded to Central Office.

CHECK HERE IF YOU NEED AN AJFF APPLICATION FORM SENT TO YOU: \_\_\_\_\_

HAVE YOU HAD OTHER MASSAGE TRAINING? yes \_\_\_\_\_ no \_\_\_\_\_

STYLE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ARE YOU CERTIFIED IN MASSAGE? yes \_\_\_\_\_ no \_\_\_\_\_

DO YOU PRACTICE MASSAGE PROFESSIONALLY? yes \_\_\_\_\_ no \_\_\_\_\_ How long? \_\_\_\_\_

DO YOU PLAN TO PRACTICE MASSAGE PROFESSIONALLY? yes \_\_\_\_\_ no \_\_\_\_\_

My signature below affirms my intention to participate in this program and complete all requirements for certification as Massage Technician. I have never been convicted of, nor pled guilty to, any violent or sex-related crime. I am not currently being treated for, nor am diagnosed as having, any condition of psychological deformity or disease. I am not currently infected with any serious communicable disease. I will inform the representatives of this Institute in the event that any of these conditions change during the course of instruction.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To the best of my knowledge, this person is sincerely interested in pursuing excellence in the practice and understanding of the Okazaki Restorative Massage, and has the character to uphold the highest ethical and moral standards in the practice of massage. I hereby recommend that this individual be accepted into the AJFF National Massage Certification Program.

\_\_\_\_\_  
DATE: \_\_\_\_\_

Signature of AJFF Jujitsu Black Belt

Mail completed form with a \$150.00 registration fee (payable to Robert Hudson) to:  
Professor Robert C. Hudson  
The DZRSI of Southern California  
12915 W. Cactus Ridge Dr  
Tuscon, AZ 85735