

APPLICATION FOR OKAZAKI RESTORATIVE 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.

Signature of AJFF Jujitsu Black Belt

DATE: _____

Mail completed form with a \$150.00 registration fee (payable to Robert Hudson) to:
Professor Robert C. Hudson
The DZRSI of Southern California
1780 West Saddle Butte St.
Apache Junction, AZ 85220

The DanZanRyu Seifukujitsu Institute is a program of The American Judo and Jujitsu Federation as part of its National Massage Certification Program DZRSI of SOUTHERN CALIFORNIA