

Connecticut Sports Massage Team Application

Print, complete and return to Laura Stevenson-Flom
20 Carriage Drive, Colchester, CT 06415 OR Fax 860-537-0829 OR
Email sportsdirector@amtactchapter.org

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Birthdate: _____

Note: Copies of CT License and AMTA Member Cards must accompany this application, CPR/First Aid if applicable.

CT Lic.# _____ AMTA # _____

Are you CPR certified? Yes No ; Are you First Aid certified? Yes No

If yes, include the following information:

CPR expiration date: _____ First Aid expiration date: _____

Name of school attended: _____

Year graduated: _____

Did you take a sports massage course at this school? Yes No

Total number of hours in class for this sports massage course: _____

Signature _____ Date: _____