

# New Student Form

Please Print

Name:	Home phone:
Address:	Work phone:
City:	Cell phone:
Email:	Postal code:
Emergency Contact:	Home phone:
Relationship:	Work phone:

**What are your reasons for taking Alexander Technique lessons?**

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**Please read the following and sign below in agreement:**

The Alexander Technique is an educational practice; it is a method by which a person learns to apply the basic principles of the body's natural coordination to improve the quality of his or her own movement.

- 1) I understand that the Alexander Technique requires the teacher to use verbal and tactile cues.
- 2) I understand that as a student, I am expected to actively participate in the lessons.
- 3) I understand that a Certified Teacher of the Alexander Technique does not diagnose illness and does not prescribe medical treatment.
- 4) If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone or email, unless I have an emergency, in which case I will call ASAP to reschedule my appointment.
- 5) If I miss a scheduled appointment without giving 24 hours notice, I agree to pay any missed appointment charge applicable.
- 6) I have completed this form to the best of my knowledge, and I will update any changes as necessary.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_