

AMTA

Maine Chapter Sports Massage Team Application

Complete application and return to:

Chele Fuller
Sports Massage Team Chair
98 Rockwood Dr
China, ME 04358
chelefuller@gmail.com

Copies of state license and AMTA member card must accompany this application

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Email Address: _____

Home Phone: _____

Mobile Phone: _____

****please indicate which phone number you prefer to be reached at****

Massage License # _____ AND renewal date _____

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AMTA Member #: _____ AMTA Member Status: _____

As a member of the Maine Sports Massage Team, I understand that I am being asked to meet the following qualifications and recognize the following responsibilities:

- I must be a licensed massage therapist or have licensure in another modality (chiropractic, Physical Therapy, etc) in the state of Maine.
- I must show proof of liability insurance.
- Non –AMTA members do not qualify for a stipend paid by the AMTA ME Chapter.
- I need a minimum of 14 hours of Sports Massage training, 6 hours classroom time and 8 hours of clinical or event work.
- I must participate in a minimum of 2 events each year.
- As a member of the Maine Sports Massage Team it is my responsibility to maintain a professional demeanor at all time while representing MSMT.
- I will adhere to the team's dress code consisting of a team polo shirt, khaki or tan pants or shorts.
- I will be punctual.
- I understand that should I not be able to fulfill my obligations to an event I have committed to, I will find my replacement.

Signature _____

Date _____