

Instructions:

1. Fill out form
2. Print form
3. Sign & Date
4. Under 18 - Guardian Signature Required



NEW CLIENT REGISTRATION FORM (Please Print)

 Today's Date ____/____/____
 MM DD YY

Client Number _____

CUSTOMER INFORMATION

Last Name	First	Middle	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
			<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.			
Nickname	Street Address		City	State	Zip Code	Referred By	
Birth Date	Age	Sex	Email Address			Contact Phone No.	
		<input type="checkbox"/> F <input type="checkbox"/> M					

PLEASE READ AND ANSWER EACH QUESTION

What is your skin type?

Select "one" of the following statements and check the appropriate boxes that best describe how your skin tans.

- | | |
|--|---|
| <input type="checkbox"/> Type 1 ~ Always burn – never tan | <input type="checkbox"/> Type 4 ~ Rarely burn – tan readily |
| <input type="checkbox"/> Type 2 ~ Almost always burn – sometimes tan | <input type="checkbox"/> Type 5 ~ Never burn - always tan |
| <input type="checkbox"/> Type 3 ~ Sometimes burn – always tan | |

- | | | |
|---|------------------------------|-----------------------------|
| Do you freckle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you sensitive to sunlight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a history of skin cancer in your family? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently or have you in the past had skin cancer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently take any medications, which may cause sensitivity to sunlight?
(anti-biotic, diuretic, birth control, over-the-counter) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The following information is very important for you to review and fully understand.
Once you have finished please complete your acknowledgement by signing the form below.

Failure to use the eye protection provided to you by GLO SUN SPA may result in permanent damage to the eyes; also overexposure to ultraviolet light causes burns; and repeated exposure may result in premature aging of the skin and skin cancer.

Abnormal skin sensitivity or burning may be caused by reactions to ultraviolet light to certain:

- Foods
- Medications, including
- Diuretics
- High blood pressure medicines
- Cosmetics
- Tranquilizers
- Antibiotics
- Birth control pills

Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device. Pregnant women should consult their physician(s) before using a tanning device. A person with skin that always burns easily and never tans should avoid a tanning device; also a person with family or past medical history of skin cancer should avoid a tanning device.

By state law a full twenty-four (24) hours must pass between each tanning session. The facility operator has the right to determine the amount of exposure time within the regulations of the FDA and State, and can refuse service and limit the amount of exposure time if the operator feels like the exposure would cause harm to the customer. Exposure time will be based on skin type and current condition of skin. Compliance with the notice requirement does not affect the liability of a tanning facility operator or a manufacturer of a tanning device. Only Salon approved lotions are permitted for use in the tanning equipment, and damage or excessive cleaning due to using non-approved lotions will be at cost of the customer.

I understand the instructions for proper use of the tanning devices I will use at GLO SUN SPA, I will use these tanning devices at my own risk of injury and hereby release the owners operators, and manufactures from any liability from my improper use of these tanning devices.

For customers 18 years of age and older: My signature and date acknowledges that I have read the and understood the above liability notice and the warning signs posted in the entry area and tanning room(s). In addition, I agree to wear protective eyewear.

Signature: _____ Date: _____

For customers under the age of 18 years of age (parent or legal guardian signature required). My signature and date acknowledges that I have read and understood the warnings given by the tanning facility operator to include the above liability notice and the warnings posted in the entry area and tanning rooms. I consent to the minor's use of a tanning device and agree that the minor will use protective eyewear. In addition, if the minor is under the age of 15 years, I will remain at the tanning facility while the person under 15 years of age is using a tanning device or if the minor is under the age of 13. I have provided a letter for a physician stating the medical necessity and permission to use a tanning device.

Guardian Signature: _____ Date: _____

Guardian Printed Name: _____ Guardian Phone: _____

Relation to Minor: _____