

Human Performance Associates: www.HumanPerformanceAssociates.com

David Delaney 303-815-3160 Contact for Trainings

Training: Psychocalisthenics® or Chua K'a Bodywork® trainings:(circle one [or both if doing both])

Student Name: _____

Home Address: _____

Apt #. _____

City: _____

State _____

Zip Code _____

Home Phone Number _____

Cell Number _____

Work number _____

Email _____

Arica Institute Dues Paid Member? _____

Are you repeating this training? _____

When did you do this training previously? _____

First time? _____

Emergency Contact person: _____

Their phone # _____

How did you hear about this training? _____

Chua K'a: Are you on any medications? _____

Any health issues now or in the past? _____

Do you have? Nerve Pain____ Pancreatitis____ Pregnant____ Had a stroke____

Ulcers____ Edema____ Epilepsy____ Gallstones____ Heart Condition____

High Blood Pressure____ Liver problems____ Migraine Headaches____

