

Massage Workshops

in conjunction with Barry Harwood

Massage Techniques for the Ankle & Knee Regions

Barry Harwood Study Centre for Health & Healing Awareness

Barry is the foremost national expert, and internationally known for massage techniques. Having been in the industry for over 40 years, Barry has extensive knowledge and qualifications.

1. Techniques for the Ankle region:

This workshop deals with the muscles that influence movement at the ankle (Achilles Tendon problems, Shin Splints, Rolled Ankles etc.)

2. Techniques for the Knee region:

This workshop deals with assessment and treatment of muscles that influence knee movement (Quadriceps, Hamstrings, Sartorius, Gracilis).



Presented by:

Barry Harwood Study Centre

- Date:** Sat 20th March 2010
- Time:** Ankle: 10.00am - 1.00pm
Knee: 2.00pm - 5.00pm
- Venue:** Barry Harwood Study Centre
1st Floor, 131 Herdsman Pde
WEMBLEY
- Cost:** 1 session:
\$60.00 SMA Members
\$70.00 Non Members
- 2 sessions:
\$100.00 SMA Members
\$120.00 Non Members
*Cost includes certification

For more information, please contact
Sports Medicine Australia (WA Branch)
Ph: (08) 9285 8033 Fax: (08) 9284 9239
Email: rachel@smawa.asn.au

Register online! www.smawa.asn.au

To confirm your registration, full payment MUST be received by SMA prior to course commencement.
Registrations close Monday 15th March or when full.
Places are limited, so book in early to avoid disappointment! (Max 20)

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

I would like to enrol in the following seminar: *(please tick)*

Ankle Massage - Sat 20th March (610CEMASS1)

Knee Massage - Sat 20th March (610CEMASS2)

Both - Sat 20th March (610CEMASS1 / 610CEMASS2)

SMA Member Non - Member

How did you find out about this session?

School/Uni Club/Organisation Healthy Club Sponsorship
 SMA Email Friend/Colleague SMA website Other: _____

What is your current Occupation? _____

Students: *(please specify)*

Educational institution: _____

Field of Study: _____ What year are you in? _____

What sport are you involved with? _____

What is your main role in this sport? *(please tick **one** only)*

Coach Manager Player/Athlete Trainer/First Aid Other: _____

Payment Details: Amount: \$ _____					<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card number:	/	/	/	Expiry date:		/		
Name on card:								

Office Use only:

Amount: \$	Receipt No.:	Date:
Seminar Code:		

Registrations close 10 days prior to course commencement.

Please send this form with payment to:
 Sports Medicine Australia (WA Branch)
 PO Box 57 CLAREMONT WA 6910
 Fax: 9284 9239