

## **Parents, Guardians and Players of the Sylvan Lake Volleyball Club (SLVC Wave),**

I want to take this time to introduce myself to you. My name is Bev Morrow and I am an RMT (Registered Massage Therapist) and CFSS L3M (Certified Fascial Stretch Specialist level 3 medical). Currently I work out of Collegiate Sports Medicine in Red Deer. I will be working with Coach Wayne and the other coaches to bring your daughter to a new height in their volleyball career. My professional expertise lies in mobility/flexibility and getting people to move better. What this means for the athlete is better performance and reduced risk of injury. Whether your child wants to go further with volleyball (dare I suggest the Olympics 😊) or they are just doing it for extracurricular activity in their youth, the service I will be providing during practices and games will help them reach new heights and get the most out of their time in volleyball.

Specifically, what I will be doing is quick manual, soft tissue releases and passive stretching techniques to help with any aches, spasms, or injuries that may come up. As well as assisting the coaches with warm ups and mobility drills. I will also, upon your consent, be doing visual and physical assessments of any restriction I see come up. Anything that can't be dealt with on the sidelines you will get a referral to see me in my office or referred to the proper professional for follow up. **My services while working with the team, during practices and games, is voluntary for your athlete to participate in as well as voluntary for me - meaning there will be no additional cost to having me do manual work on your athlete.** If a referral is made, it will be at your convenience and that practitioner's fee will apply. For referrals made to me, in my office, I am extending a 10% discount to the SLVC players and a 5% discount to parents and coaches of the SLVC players.

I look forward to meeting and working with all of you! Please don't hesitate to ask me questions or talk to me as concerns come up. I have also attached a professional bio including credentials and achievements.

**Bev Morrow RMT/CFSS/SMT(cc)**

**(403) 594-2253 (call or txt)**

**(403) 314-4458 (Colligate Sports Medicine)**



## **BEV MORROW RMT/CFSS/SMT(cc)**

Bev Morrow is a Registered Massage Therapist and Certified Fascial Stretch Specialist who works with people looking to reduce stress and pain, improve sleep and mobility and overall physical health. She does this by using a variety of techniques and treatments to help them move better and do more in their lives. Recently she has turned her focus to athletes of all sports.

Bev believes that having and maintaining the ability to move in a pain free manner is one of the most important factors to a healthy life and has dedicated her time to being more educated on the topic to serve her clients in the best way possible.

Bev has worked with many people in and around her hometown of Medicine Hat. In Aug 2016 she moved with her family to Red Deer where she is apart of the team at Collegiate Sports Medicine. She has also had the opportunity to work with such performers as the dancers from So You Think You Can Dance Season 12 Tour, the members of the band Disturbed, Ziggy Marley, the athletes of the USA U20 Rugby Team and a member of the recovery team for the Edmonton Marathon.

Bev is registered with The Natural Health Practitioners of Canada, The Canadian Sports Massage Therapists Association and a member of The Stretch To Win Institute in Arizona. She was nominated in 2017 for the Medicine Hat Women in Business Inspire Award and her business, Basic Mobility and Massage, won 3<sup>rd</sup> place in the Medicine Hat News Best of Med Hat Reader's Choice Award.

Bev holds a Diploma in Massage therapy (2200Hrs) from MH Vicars School of Massage Therapy and is currently enrolled in the International Sports Massage Diploma program. She is one of 3 Level 3 Medical Certified Fascial Stretch Specialist in Alberta. As well she has many certifications in personal training and fitness.

Basic Mobility and Massage  
Operating under Colligate Sports Medicine  
5121 47St Red Deer, AB  
**403 594 2253**  
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## MASSAGE THERAPY AND MOBILITY SERVICES

### Minor Volunteer Informed Consent and Waiver liability

#### TAKE NOTICE!

**BY SIGNING THIS DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE  
RIGHT TO SUE**

**-PLEASE READ CAREFULLY-**

Name of child and team: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

### 1. INFORMED CONSENT

Bev Morrow (the “therapist”), a Registered Massage Therapist (RMT) and Certified Fascial Stretch Specialist (CFSS) will be providing massage and mobility services to the athletes of the SLVC Wave through the current 2018 season. The purpose of this service is to offer the athletes an opportunity to improve athletic performance and help with recovery. I consent to my child participating as the recipient of massage and mobility techniques suitable for children.

- 1.1 I acknowledge that I am freely choosing for my child to participate in massage and mobility services which will be provided by the therapist. I will instruct my child to immediately inform the therapist if he or she is experiencing any pain or discomfort at any time. **My child or I may choose to withdraw from participation in the massage and/or mobility treatment at any time for any reason.**
- 1.2 I understand that massage and mobility services are provided for the purpose of improving athletic performance, rest and recovery, relief from muscular tension and improvement of flexibility. Massage and mobility services are not a substitute for medical care. An RMT/CFSS is not qualified to perform spinal or skeletal adjustments or diagnose, prescribe or treat physical or mental illness.
- 1.3 I will notify the therapist or SLVC Wave of any medical illness, injury or other condition of which I am aware that may be of relevance to the massage and mobility services which my child will receive.

I certify that I am the legal parent or guardian of the above-named child and that I have full legal responsibility for decisions regarding my child. I have carefully read and understand the contents of this form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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