



SIMPLY RELAX AND ESCAPE

Massage Seated Chair Massage & Therapeutic Sports Massage Southeast Family Center

Massage Sessions take place from 10:30am - 2:30pm
Tuesdays and Thursdays beginning April 19th

Our therapeutic massages offer increased circulation, joint flexibility, reduced spasms and cramping, endorphin release of amino acids which are the body's natural pain killers. Relax and soften injured, tired and overused muscles. Improve the condition of the body's largest organ- the skin.

Massage therapy can be a powerful ally in your healthcare regimen. Experts estimate that upwards of ninety percent of disease is stress related. Perhaps nothing ages us faster, internally, and externally, than high stress. While eliminating anxiety and pressure altogether in this fast paced world may be idealistic, massage can without a doubt, manage stress.

Rescheduling: Appointments may be rescheduled no less than 24-hours before the scheduled session. Payment is required for missed sessions, or notice of cancellation less than 24-hours prior to the scheduled session. Our therapist will wait 10-minutes after scheduled appointment before this policy goes in to effect.

Attire

Gym clothing that will allow access to areas of focus.

Southeast Armed Services YMCA
2190 Jetwing Dr, Colorado Springs, CO, 80916
P 719 622 9622
F 719 622 3555
www.ppymca.org

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Seated Chair Massage

Members:
\$1/min up to 30min
15 min \$15
30 min \$30
45min \$40

Non-Members \$1.50/min up to 30min:
15 min \$22
30 min \$45

Therapeutic Sports Massage

Members	Non-Members
\$35 .5hr	\$45 .5hr
\$55 1hr	\$65 1hr

Full Body Massage is currently unavailable, but if you would like to see Full Body, please let us know.





**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Message Registration Form

Name: _____ Email: _____

Phone: Home: _____ Work: _____ Cell: _____

DOB: _____

Address: _____

City: _____ Zip: _____

Age: _____ Gender: M F

Military: Y or N Branch: _____ Rank: _____

Emergency Contact/ Phone (Not Parents): _____

Parent / Guardian: _____

Print / Sign

Office Use Only

Date: _____ **Amount:** _____ **Cash**__ **Credit**__ **Check**__

Check # _____

Receipt # _____ **Session or Month:** _____

Staff Initials _____