

HAIR SALON NEW CLIENT REGISTRATION FORM

Client Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Health and Allergies Information:

Please list any allergies, medical conditions, or sensitivities relevant to hair and beauty treatments:

(If none, please write 'None')

Desired Services:

- Haircut
- Hair Coloring
- Highlights/Lowlights
- Hair Styling
- Hair Treatment (e.g., conditioning, keratin)
- Scalp Treatment
- Other (please specify):

Stylist Preferences or Notes:

Consent and Release:

I hereby confirm that the above information is accurate and complete to the best of my knowledge. I understand that hair and beauty treatments have certain risks, including but not limited to allergic reactions or scalp irritation. I agree to inform the stylist of any changes in my health or allergies before each appointment. I release the salon and its employees from any liability arising from treatments performed based on the information provided. I consent to receiving the treatments requested and understand that results may vary. I acknowledge that I have had the opportunity

to ask questions and received satisfactory answers.

Signature of Client: _____ **Date:** _____

Salon Representative: _____ **Date:** _____

This form and the information contained herein are confidential and comply with all applicable United States privacy and consumer protection laws. The salon agrees to protect client information and only use it for the purposes of providing hair and beauty services. This document represents a legally binding agreement between the client and the salon regarding the services requested and consent given.

CLIENT SIGNATURE

SALON REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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