

THE Spa
AT BOCA WEST

Standing Appointments
2026-2027 Season

SPA

Our Standing Appointment request process will be available starting **August 3** on the Boca West Website. Members will have access to prepare and save a draft of their request to be submitted on the corresponding date below.

We will accept Standing Appointment requests **via website only.**
Spa Service requests will be accepted starting on **August 11** at **8AM**

General Instructions & Information

Submission Guidelines

- Standing Appointment Requests will be accepted starting on August 11 at **8AM** and must be submitted **exclusively through the Boca West website.**
  - Please refer to the **step-by-step instructions** for help submitting your request.
- Requests submitted through any other method (email, phone, in-person) will not be accepted.

Confirmation & Communication

- Once your request has been submitted, you'll automatically receive an email confirming the system has received your request.
- Once your Standing Appointment request has been processed, you will receive an email confirmation including your itinerary and confirmation instructions

Request Processing

- Requests are reviewed to confirm we have the completed and necessary information, including all required paperwork.
- **Appointments are scheduled in the order requests are received.**
- To improve your chances of securing a Standing Appointment, please include multiple options for:
  - Preferred days
  - Preferred times
  - Preferred providers

*(Note: Submitting a request does **not guarantee** an appointment with any specific provider, day or time.)*

Booking During the Season **(November 1 - May 31)**

- If you choose not to submit a standing appointment request, you may book using standard booking methods.

General Instructions & Information

Scheduling Considerations

- Please note that **special events during the season** may impact appointment availability and will not be booked.

Modifications & Cancellations

- All cancellations or appointment changes must be made **through the Spa Reception Desk**.
  - It is the **member's responsibility** to manage bookings and cancellations.
  - Your appointment is time reserved exclusively for you and your service provider, therefore, cancellations made within **24 hours** of the appointment will be charged a cancellation fee 50% of the service; no exceptions.
  - **Excessive cancellations** may cause participants to lose their current appointments and the ability to book Standing Appointments in the future.

Our Providers: What to Expect

- Our team will customize services to meet your individual needs.
- **All spa treatments begin and end on time**.
  - To ensure fairness, treatments will not be extended for late arrivals.
- Providers are often booked back-to-back, so punctuality is important.
- You are encouraged to **communicate your preferences and comfort level** with your provider at any time.

Required Forms

- These forms are mandatory annually and you will be unable to start your services until these forms are signed and completed.
  - Intake form
  - Agreement form
  - Waivers

STANDING APPOINTMENT AGREEMENT FORM 2026/2027

Please read the following list thoroughly –

- Standing Appointments are booked and valid November 1 through May 31.
- STANDING APPOINTMENT REQUESTS ARE NOT GUARANTEED!
- Due to, but not limited to, employee vacations, illness, family emergencies, club events or termination of employment; standing appointments are not guaranteed.
- Standing Appointment privileges apply only to Boca West Country Club Members.
- All cancellations or changes must be made at least 24 hours before your appointment time. Appointments that are not cancelled 24 hours in advance, will be charged the 50% cancellation fee. Excessive cancellations may result in loss of Spa booking privileges.
- The Spa at Boca West Country Club has the right to revoke a Member's Spa appointments at any time.

I understand the above information and have discussed any questions or concerns with The Spa or Lifestyle & Wellness Management. I understand it is my responsibility to notify The Spa of any changes in my health, medication or skin care routine. If there are any changes, I understand I will need to fill out and sign a new Spa Waiver and Liability Form. I understand that my type of service may need to be suspended or adjusted due to my health status.

Please contact the Spa at 561.488.7880 or spa@bocawestcc.org with any questions.

Member Name:_____ Member Number: _____

Signature:_____ Date: _____

THE Spa AT BOCA WEST

CONSENT FOR SKIN CARE & WAXING + WAIVER OF LIABILITY 2026/2027

I, _____, consent to and authorize providers of The Spa at Boca West to perform Custom Facials, NuFace, Mircro Current, LED, Microdermabrasion, Dermaplaning, Hydrafacial, any Chemical Peel Skin Exfoliation, Waxing and other services. The nature and purpose of each treatment will be explained to me, and any questions I have regarding these treatments will be explained to me by my provider at the time of each service.

1. I acknowledge and agree that I have provided the Aesthetician and Boca West Country Club with my complete and accurate health information and will not hold them responsible for any injury or damages resulting from incomplete or inaccurate disclosure of such information. The information I have provided is true and complete to the best of my knowledge. _____
2. I agree to immediately inform the Aesthetician of any unusual sensations during my services and that there are possible side effects include, but are not limited to: Redness, bruising, burning, local swelling, stinging, tenderness, dry skin, flaking, lightening or darkening of the skin, infections, pimples, bumpy appearance, and cold sores. Most side effects are temporary and generally subside within 72 hours. I understand all side effects or unknown causes as mentioned above could occur, and freely assume these risks. I have been informed I may terminate the services at any point in time. _____
3. I have been advised to avoid facial area laser treatments, Botox, collagen and other infections for 14 days before any enhanced exfoliation including microdermabrasion and chemical peels, and agree to these restrictions. I also agree to discontinue all AHA's, Glycolis, Retin'A, Renova or any other exfoliating products at least 72 hours pre and post all treatments. _____
4. I acknowledge that the Aesthetician is not a physician and does not diagnose illness or disease or any other skin condition, physical or mental disorder. I further acknowledge that the skin care I am receiving is at my own risk and is designed to be an ancillary health aid and is not suitable for primary medical treatment of any condition. _____
5. I acknowledge that no assurance or guarantee has been provided to me as to the results of the service. _____
6. I hereby assume full responsibility for receipt of aesthetics and waxing, and release and discharge Boca West Country Club and the provider from any and all claims, liabilities, damages, actions, or causes of action arising from the service received hereunder, including, without limitation, any damages arising from acts of unintentional or passive negligence on the part of the provider, to the fullest extent allowed by law. _____
7. By signing this Consent for Skin Care and Waiver of Liability, I understand and agree that this instrument will apply to and govern the current and all future skin care sessions performed by the Aesthetician. If for any reason there is a change in my health, it is my responsibility to notify the provider at any future appointments, before receiving treatment, and I acknowledge I will need to fill out a new Consent and Waiver of Liability Form. _____
8. I understand that my personal health information will be collected, and that all information that I provide will be kept confidential unless required by law. _____
9. I authorize my Aesthetician to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third party payers. _____
10. I have read and understand the foregoing and I have had the opportunity to question the contents of this form. By signing this instrument, I confirm my consent to all treatments and intend this consent to cover the treatments discussed with me and such additional treatments as proposed by my Aesthetician from time to time, to deal with my skin care needs and for which I have sought treatment. I understand that at any time I may withdraw my consent and the service will be stopped. _____

Member/Guest (or parent/legal guardian if under 18)

Full Name:_____ Name of Minor (if applicable): _____

Date:_____ Signature: _____

THE Spa

Skincare & Waxing Intake Form 2026/2027

Medical Information

Have you had any of the following procedures?

(_) Acid Peel Date:_____
(_) Botox Injection Date:_____
(_) Dermabrasions Date:_____
(_) Laser Hair Removal Date:_____
(_) Laser Resurfacing Date:_____
(_) Fillers Date:_____

Please check all that apply, past or present:

(_) Asthma (_) Epilepsy (_) Cancer (_) HIV (_) Fibromyalgia (_) Migraines (_) Diabetes
(_) Dermatitis (_) Rosacea (_) Hepatitis (_) Heart Problems (_) High/Low Blood Pressure
(_) Thyroid Problem (_) Numbness in Limbs

Do you wear contact lenses? YES NO

Do you suffer from allergies? (Medication, Food, Iodine, Latex) YES NO

If Yes, please specify:_____

Are you currently taking or have taken medication for your skin? YES NO

If Yes, please specify:_____

Please list any other medications you are currently taking:_____

Are you currently undergoing chemotherapy or radiation therapy? YES NO

If Yes, please specify and include which areas:_____

Are you prone to herpetic outbreaks, or have you seen a physician about a prescription for Acyclovie or Zovirax? YES NO

If Yes, please specify:_____

Are you taking supplements on L-Lysine, Beta-Carotene and/or Folic Acid daily? YES NO

If Yes, please specify:_____

Do you have a pacemaker? YES NO

FOR SKIN, WAXING, and TINTING SERVICES

The Member/Guest MUST:

- STOP using KERATOLYTIC DRUGS or PREDISONE, as well as as Retin-A, Renova, Glycolic Acid, AHA's, Differin, Tazarac, or any Topical Exfoliator TWO WEEKS PRIOR to waxing and continue ONE WEEK AFTER.
- STOP using Accutane TWO MONTHS prior to waxing.
- Inform the Esthetician if they are using any of the following prescriptions medications: ANTIBIOTICS. PREDISONE, or ANY BLOOD THINNERS.
- Avoid exfoliating cleansers one week prior to waxing and no Microdermabrasion two weeks prior to waxing.
- Not be exposed to sun or tanning beds before or immediately after waxing and sunblock must be used at all times.
- If any adverse reaction occurs such as swelling or bleeding contact your Dr immediately.
- Inform the Aesthetician if you are pregnant. Please advise the Asthetician if you have reactive or sensitive skin.
- Refrain from swimming in ocean, pool, or lake for the day as bacteria could be in the water.

Full Name:_____ Name of Minor (if applicable):_____

Date:_____ Signature:_____

This signature confirms I have notified my Aesthetician of any changes made to my skin care and/or medical regime and have thoroughly discussed all concerns, and that all information is correct to my knowledge.

BOCA WEST
COUNTRY CLUB

MASSAGE THERAPY INTAKE FORM 2026/2027

Name:_____ Date:_____

Reason for visiting us (e.g. relaxation, pain management, injury, stress reduction, etc.):

_____

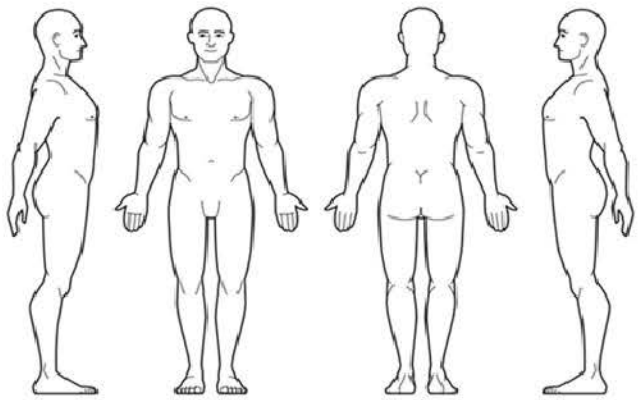
Please check all the areas of the body that you give permission to be massaged:

[___] All [___] Back [___] Legs [___] Arms
[___] Buttocks [___] Abdomen [___] Chest [___] Neck
[___] Head [___] Face [___] Feet

Are you currently in pain or experiencing any discomfort? If so, please indicate those areas and provide a brief explanation below: _____

_____

_____



What helps alleviate your pain?

_____

What makes it worse?

_____

Are you currently under the care of a physician, chiropractor or alternative medicine practitioner? Yes [___] No [___] If yes, what are you being treated for?_____

_____

Please list any medications (prescription or non-prescription), vitamins and supplements you are currently taking:_____

Have you had recent hospital stays, any injuries or surgeries in the past that may influence today's treatment? If yes, please explain:

_____

_____

Please check any of the following that apply to you in the past or present:

CONDITION/COMPLAINT	PAST	PRESENT	CONDITION/COMPLAINT	PAST	PRESENT
Headaches/Migrane			Artificial/Missing Limbs		
Heart Problems			Osteoarthiritis		
Pacemaker			Sinus Conditions		
Blood Clots / DVT			Asthma		
High/Low BP			Diabetes		
Infections			Epilepsy or Seizures		
Contagious Diseases			Fibromyalgia		
Auto-Immunte Disorder			Depression		
Cancer			Anxiety		
Neurological Problems			Sleep Disturbance		
Vertigo/Fainting			Loss of Memory		
Spinal Problems			Skin Conditions		
Sciatica			Bruise Easily		
Arthritis			Constipation/Diarrhea		
Painful/Swollen Joints			Cold Hands/Feet		
Muscular Tension			Allergies to: nuts, lotions , oils or creams (specify below)		

*Further explanation of any conditions or other information:*_____

_____

_____

MASSAGE THERAPY INTAKE FORM 2026/2027

Consent for Massage Therapy & Waiver of Liability

Please read and initial each statement. By initialing each statement, you have agreed to the terms stated. When finished, please sign your name below.

1.I acknowledge and agree that I have provided the Therapist and Boca West Country Club with my complete and accurate health information and will not hold them responsible for any injury or damage resulting from incomplete or inaccurate disclosure of such information. The information I have provided is true and complete to the best of my knowledge. _____

2.I agree to immediately inform the Therapist of any unusual sensation, pain or discomfort during my sessions, so that the application of pressure may be adjusted to my level of comfort. Also, I understand that I may terminate each session at any point in time if I feel uncomfortable with the course of treatment. _____

3.I acknowledge that the Therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I further acknowledge that the massage therapy I am receiving at each session is at my own risk and is designed to be an ancillary health aid and is not suitable for primary medical treatment of any condition. _____

4.I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatments. _____

5.I hereby assume full responsibility for receipts of the massage therapy, and FOREVER HOLD HARMLESS, WAIVE AND RELEASE Boca West Country Club, Inc., its officers, directors, agents, employees (including, but not limited to the Therapist), representatives and successors from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of unintentional or passive negligence on the part of the Therapist, to the fullest extent allowed by law. _____

6.By signing this Consent for Massage Therapy and Waiver of Liability, I understand and agree that this instrument will apply to and govern the current and all future therapy sessions performed by the Therapist. If for any reason there is a change in my health, it is my responsibility to notify the Therapist at all future appointments before receiving treatment, and I acknowledge I will need to fill out a new Consent and Waiver of Liability Form. _____

7.I understand that my personal health information will be collected. I understand that all the information that I provide will be kept confidential unless required by law. _____

8.I authorize my therapist to release or obtain information pertaining to my condition(s) and/or treatment to/from my other caregivers or third-party payers. _____

9.I have read and understand the foregoing and I have had the opportunity to question the contents of this form and my therapy. By signing this instrument, I confirm my consent to treatment and intend this consent to cover the treatments discussed with me and such additional treatments as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped. _____

Member/Guest (or parents/legal guardian) Signature:_____



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