

## **Admission Application**

## **Applicant information**

Name	:		_ Date:		
	Last	First	M.I.		
Addre	ess:				
Street ac	ddress		Unit i	#	
City			State	Zip	
Phone	:		Email:		
Date o	of Birth:	Soci	al Security:		
Emerg	gency Contact a	nd phone:			
Have :	you ever been c	onvicted of a felony	? YesNo		
If yes,	please explain:				
Do we	e have your perr	nission to do a backg	ground check? Yes	No	
In the	past year have	you had any contagio	ous diseases? Yes	No	
Which	n class session a	re you interested in?	April August _	December	
As a s	tudent of the pr	ogram:			
1-	Do you conse	ent to giving and rece	iving massage from fe	ellow students, to include	de both male and female
	yes	no			
2-	Are you comfo	ortable with the conc	ept of full or partial n	udity during massage? (	(With proper draping of
	yes	no			
Do yo	u have any prev	vious massage trainin	g? Yes No		

## **Education**

High School:		Address:							
From:	To:	Did you Graduate? Y	N	Diploma					
College:		Address:							
From:	To:	Did you Graduate? Y	N	Diploma					
Other:		Address:							
From:	To:	Did you Graduate? Y	N	Diploma					
		References							
Please list 3 professiona	l references								
Full name									
And phone Relationship:									
Full name									
And phone Relationship:									
Full name									
And phone Relationship:									
		Previous Jobs							
Type of work:		Position:							
How Long:									
Type of work:		Position:							
How Long:									
		Disclaimer and Signa	ture						
	he Colorado Spri	ings School of Massage, I understa	•	this application leads to acceptance as false or misleading information in my					
Submitted application	ons will remain va	alid for one year							
Signature:		D	ate:						
	Submit com	nleted application with your	\$50.00	annlication fee to:					

Submit completed application with your \$50.00 application fee to:

Colorado Springs School of Massage

**5729 Constitution Ave** 

Colorado Springs Colorado, 80915