

Admission Application

Applicant Information						
Full Nam	ne:			Date:		
	Last	First		M.I.		
Address	:					
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:			Email			
Date of E	Birth:	Social Security No.:_				
Emerger and phor	ncy Contact ne:					
		ted of a felony?yes				
Do we ha	ave your permissio	n to do a back ground check?	yes	no		
In the pa	st year, have you h	nad any contagious diseases?				
As a stud	dent of the program	ı:				
1-	Do you consent to	giving and receiving massage	from fellow stu	udents, to include bo	th male and female?	
	yesnc	ı				
2-	Are you comfortab	e with the concept of full or par	rtial nudity duri	ng massage? (With	proper draping of course)	
	yesnc	,				
Do you h	nave any previous r	nassage training?			-	
	ves no	1				

	Education					
High School:	Address:					
From:	YES NO To: Did you graduate?					
College:	Address:					
From:	YES NO To: Did you graduate?					
Other:	Address:					
From:	YES NO To: Did you graduate?					
	References					
Please list three professional references. Full Name and phone:						
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 Signature					
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to acceptance as a student enrolled in the Colorado Springs School of Massage, I understand that false or misleading information in my application or interview may result in my release.						
Signature:	Date:					

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

Colorado Springs School of Massage 5729 Constitution Ave Colorado Springs, CO 80915