

ENROLLMENT APPLICATION/AGREEMENT

Thank you for applying with our school. Please print the following questions as completely and accurately as possible.

PERSONAL INFORMATION:

TODAY'S DATE: ____/____/____

| | | | | |
|-------------------------|-------------------------|-----------------|------------|------|
| FIRST NAME: | | MIDDLE INITIAL: | LAST NAME: | |
| ADDRESS: | | CITY: | STATE: | ZIP: |
| HOME PHONE: | WORK PHONE: | | MOBILE: | |
| DATE OF BIRTH: | SOCIAL SECURITY NUMBER: | EMAIL ADDRESS: | | |
| EMERGENCY CONTACT NAME: | PHONE NUMBER: | RELATIONSHIP: | | |

EDUCATIONAL BACKGROUND:

| | | |
|-----------------------|------------------------------------|--------------------------------|
| HIGH SCHOOL: | YEARS ATTENDED: (MM/YY - MM/YY) | GRADUATED: ____ YES ____ NO |
| CITY: | STATE: | |
| COLLEGE/TRADE SCHOOL: | YEARS ATTENDED: (MM/YY - MM/YY) | GRADUATED: ____ YES ____ NO |
| CITY: | STATE: | |

COURSE ENROLLMENT INFORMATION:

- ENROLLMENT FOR: 500-hour Professional Massage Therapy Diploma Program - \$5,100.00
 570-hour Professional Massage Mastery Diploma Program - (optional) \$5,300.00

STUDENT'S ESTIMATED GRADUATION DATE: ____/____/____

FAST TRACK CLASS
(10:00 a.m. to 2:00 p.m.)
Break 2:00 p.m. - 6:00 p.m.
(6:00 p.m. to 10:00 p.m.)
Monday-Thursday

Program Start Date

DAY CLASS
(10:00 a.m. to 2:00 p.m.)
Monday - Thursday

Program Start Date

NIGHT CLASS
(6:00 p.m. to 10:00 p.m.)
Monday - Thursday

Program Start Date

FAST TRACK PROGRAM:

To register for a Fast Track 500-hour or 570-hour Program, the applicant must first schedule an appointment with the School Director or the Instructor before starting. Fast Track course work and hours are completed by attending both the day and evening class, totaling 8 hours a day, 4 days a week (MONDAY - THURSDAY).

MEDICAL HISTORY

PLEASE CHECK **YES** OR **NO** TO THE FOLLOWING QUESTIONS:

| QUESTION | YES | NO |
|--|-----|----|
| Do you have any known chemical, aroma or skin allergies? | | |
| Are you pregnant? | | |
| Do you have an emotional or psychological disorder? | | |
| Do you have an addiction to any illegal substances or alcohol? | | |
| Have you been diagnosed or treated for any type of cancer? | | |
| Do you have any skin disorders or problems? | | |
| Do you have any breathing disorders? | | |
| Do you have any blood disorders? | | |
| Do you have arthritis, joint disorders, or spinal disorders? | | |
| Do you have any type of heart condition? | | |
| Are you currently taking prescribed medications? | | |
| Do you wear contact lens? | | |
| Do you suffer from headaches? | | |
| Have you had any surgeries or injuries in the past 5 years? | | |
| Do you have any type of contagious disease or disorders? | | |

If you have answered yes to any of the above questions, or if you have any health concerns that could potentially keep you from being able to complete our program, please list below.

PROSPECTIVE STUDENTS ARE ADVISED TO FILE THIS APPLICATION AS SOON AS POSSIBLE. CLASSES ARE LIMITED IN SIZE AND ENROLLMENT IS CLOSED WHEN CLASSES ARE FILLED.

I, _____, ATTEST I AM IN GOOD HEALTH & THAT I HAVE DISCUSSED ANY AND ALL HEALTH ISSUES WITH MY HEALTH CARE PROVIDER(S) ALONG WITH THE ADMINISTRATION OF IBS PRIOR TO ENROLLMENT.

APPLICANT INITIALS: _____

I FULLY UNDERSTAND THAT MASSAGE THERAPY IS CONSIDERED A HEALTH CARE SERVICE & THAT CERTAIN MEDICAL CONDITIONS MAY BE INTENSIFIED, ACTIVATED, AND/OR EXACERBATED BY RECEIVING MASSAGE AND/OR HYDROTHERAPY. I REALIZE THAT I WILL BE RECEIVING MASSAGES AND HYDROTHERAPY SERVICES AS A PART OF MY TRAINING.

APPLICANT INITIALS: _____

I RELEASE AND HOLD HARMLESS, INSTITUTE OF BODYWORK STUDIES, THE ADMINISTRATORS OF, EMPLOYEES, CONTRACT LABORERS, OWNERS AND HEIRS FROM ANY LIABILITY.

APPLICANT INITIALS: _____

UPON SIGNING THIS DOCUMENT, THE APPLICANT EXPRESSES HIS/HER INTENTION TO ENROLL IN OUR PROGRAM AND ACKNOWLEDGES RECEIPT OF THE MOST CURRENT VERSION OF THE SCHOOL CATALOG AND COMPLETE COURSE & ENROLLMENT INFORMATION, AS PER VOLUME # _____ (APPLICANT INITIALS: _____) TO INCLUDING THE FOLLOWING:

PROGRAM OUTLINE:

- Admission requirements
- Schedule of tuition, fees, and other charges
- Cancellation and refund policy
- Length of time for completion of our programs, including internship hours
- Class schedule including estimated break and meal times
- Attendance and progress policies, including requirements and fees for make-up hours
- Policies regarding grievance policies
- Pupil-teacher ratio
- Student conduct policy
- Number of course hours which must be successfully completed before a student can be licensed as a massage therapist in the State of Texas
- List of instructors, their qualifications, and the subject area taught by each
- Information indicating how a prospective student may obtain copies of the Massage Therapy Act, Texas Occupations Code, Chapter 455
- State and IBS policy regarding student's who are ineligible for licensure

I AGREE TO COMPLY AND FULLY UNDERSTAND EACH OF THE 13 BULLET ITEMS ABOVE. APPLICANT SIGNATURE: _____

I HAVE BEEN GIVEN A REASONABLE TIME TO REVIEW ALL THE MATERIAL IN THE SCHOOL CATALOG/ENROLLMENT AGREEMENT & HAVE BEEN GIVEN THE OPPORTUNITY TO TOUR THE INSTRUCTIONAL FACILITY AND INSPECT EQUIPMENT PRIOR TO SIGNING THIS ENROLLMENT AGREEMENT. I MAY DECLINE THE TOUR SHOULD I CHOOSE.

APPLICANT INITIALS: _____

I HAVE FURNISHED INFORMATION DISCLOSING MY PREVIOUS EDUCATION, TRAINING, AND WORK EXPERIENCES. I UNDERSTAND THIS WILL BE EVALUATED BY STATE AND MAY RESULT IN THE PROGRAM LENGTH BEING SHORTENED AND THE COST REDUCED BASED ON APPROVAL AND PROPER STATE DOCUMENTATION. A LETTER FROM THE STATE WILL BE ATTACHED TO THIS DOCUMENT IF APPLICABLE.

APPLICANT INITIALS: _____

I FURTHER REALIZE THAT COMPLAINTS MAY BE MADE TO THE MASSAGE THERAPY EDUCATIONAL PROGRAM AND THE DEPARTMENT OF STATE HEALTH SERVICES, MASSAGE THERAPY LICENSING PROGRAM, P.O. BOX 149347, AUSTIN, TEXAS 78714-9347, (512) 834-6616.

APPLICANT INITIALS: _____

I HAVE BEEN OFFERED THE OPPORTUNITY TO READ THE MASSAGE THERAPY ACT AND THE RULES OF THE DEPARTMENT INCLUDED IN 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 140.

APPLICANT INITIALS: _____

I HAVE BEEN MADE AWARE THAT THE STATE OF TEXAS REQUIRES ONLY THE MINIMUM 500 HOUR COURSE OF INSTRUCTION FOR LICENSURE AS A MASSAGE THERAPIST, AND ANYTHING BEYOND THAT IS STRICTLY VOLUNTARY.

APPLICANT INITIALS: _____

I HAVE READ, AND FULLY UNDERSTAND THE GRADING AND ATTENDANCE POLICIES. I UNDERSTAND THAT IF I FAIL A CLASS DUE TO MISSING MORE THAN 15% OF THE SCHEDULED HOURS, OR FROM MAKING A GRADE LESS THAN 70%, THAT CLASS WILL HAVE TO BE REPEATED AND PAID IN FULL (AS OUTLINED IN THE SCHOOL CATALOG) BEFORE RECEIVING MY TRANSCRIPT.

APPLICANT INITIALS: _____

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE INTERNSHIP PORTION OF THE PROGRAM.

APPLICANT INITIALS: _____

I UNDERSTAND THAT I WILL BE REQUIRED TO GIVE AND RECEIVE MESSAGES AND AGREE TO PARTICIPATE IN THIS AND STUDENT CLINIC IN ORDER TO GRADUATE.

APPLICANT INITIALS: _____

I UNDERSTAND THAT VIDEO AND STILL PHOTOGRAPHY MAY BE USED DURING CLASS AND I GIVE PERMISSION FOR MY IMAGE TO BE USED IN PROMOTIONAL & INSTRUCTIONAL MATERIALS.

APPLICANT INITIALS: _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE & UNDERSTAND THAT, IF OMITTED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. THIS (4) PAGE FORM MUST ACCOMPANY (A) COPY OF MY CURRENT DRIVER'S LICENSE (B) COPY OF MY SOCIAL SECURITY CARD (C) \$100 NON-REFUNDABLE APPLICATION FEE (D) STATE FORM EXPLAINING THE 570-HOUR IS OPTIONAL (ONLY IF ENROLLING IN MASTERY PROGRAM).

APPLICANT INITIALS: _____

APPLICANT NAME

_____/_____/_____
TODAY'S DATE

APPLICANT SIGNATURE

IBS ADMINISTRATIVE SIGNATURE