



# Institute of Bodywork Studies

## APPLICATION FOR ADMISSION

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

### PERSONAL INFORMATION:

FIRST NAME:		LAST NAME:	
ADDRESS	CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	MOBILE:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:		
EMERGENCY CONTACT NAME:		PHONE NUMBER:	

### EDUCATIONAL BACKGROUND:

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

### COURSE ENROLLMENT INFORMATION:

ENROLLMENT FOR:  500-hour Professional Massage Therapy Diploma Program

570-hour Professional Massage Mastery Program (optional)

**ACCELERATED CLASS**  
(10:00 a.m. to 2:00 p.m.)  
Break  
(6:00 p.m. to 10:00 p.m.)

\_\_\_\_\_  
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

### Accelerated 500-hr Massage Therapy Diploma Program

To register for an accelerated 500-hour Massage Therapy Diploma Program, applicant must schedule an appointment with the School Director or the Instructor. Accelerated course work must be completed by attending both the day and evening class.

# 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.

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I, \_\_\_\_\_, ATTEST THAT 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 MESSAGES 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 OUR SCHOOL CATALOG AND COMPLETE COURSE INFORMATION.**

**Applicant Initials:** \_\_\_\_\_

**I HAVE READ THE SCHOOL CATALOG FROM COVER TO COVER, AND I UNDERSTAND THE POLICIES, FEES, & PROCEDURES OF INSTITUTE OF BODYWORK STUDIES.**

**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. I ALSO UNDERSTAND, THERE IS A MAXIMUM CHARGE OF \$9 PER CLASS HOUR PER EACH CLASS REPEATED.**

**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.**

**Applicant Initials:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ADMINISTRATIVE SIGNATURE**

\_\_\_\_\_  
**DATE**