# collinsonmassageschool2.jpg

# Admission Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Social Security No.: |  |  |  |

|  |  |
| --- | --- |
| Emergency Contact and phone: |  |

|  |  |
| --- | --- |
| Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no |  |

|  |  |
| --- | --- |
| If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do we have your permission to do a back ground check? yes \_\_\_\_ no \_\_\_\_\_In the past year, have you had any contagious diseases? yes \_\_\_\_\_ no \_\_\_\_\_Which class session are you interested in? January \_\_\_\_\_ April \_\_\_\_\_ July \_\_\_\_\_ October \_\_\_\_\_ |  |
| As a student of the program:1. Do you consent to giving and receiving massage from fellow students, to include both male and female?

\_\_\_\_\_yes \_\_\_\_\_no 1. Are you comfortable with the concept of full or partial nudity during massage? (With proper draping of course)

\_\_\_\_\_yes \_\_\_\_\_no |  |

Do you have any previous massage training?

\_\_\_\_\_yes \_\_\_\_\_no

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## References

Please list three professional 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 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.

Submitted applications will remain valid for one year

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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

Colorado Springs School of Massage

5729 Constitution Ave

Colorado Springs, CO 80915