



MASSAGE THERAPY INSTITUTE

Please complete this form in full and return with application fee of \$100, a copy of a document that proves education to at least High School graduation and a copy of a current, valid government issued photographic identification to:

Massage Therapy Institute, P.O. Box 518, Davis, CA 95617
APPLICATION FOR ADMISSION

Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Date of Birth: _____ E-mail: _____

Phone # _____ Emergency Contact _____

CLASS/CLASSES: I wish to register for: (List Massage Therapy Fundamentals start date. Attach extra paper if needed)

EDUCATION: check appropriate boxes. Graduated High School or equivalent GED
 I have attached a photocopy of a document that proves education to at least high school graduation (h.s. diploma, GED, college transcripts)

HEALTH: Describe your state of health. Please list any disabilities or serious health problems.

Do you have any medical, physical, or psychological conditions which may inhibit your effectiveness in giving or receiving massage therapy, or any contagious condition or disease? Yes No If yes, please explain.

Are you pregnant? Yes No Do you have any history of injury or physical limitation? Yes No
If yes, please describe: _____

Are you taking any medications? Yes No Please list _____

OTHER:
Have you ever been convicted of a crime, not including traffic violations? Yes No If yes, please explain: _____

What attracted you to doing your training here? _____

How did you learn about our program? _____

The information on this form is complete and true to the best of my knowledge.

Signature _____ Date _____

Please answer the following questions. Use extra paper if necessary.

What are your personal goals for this class?

Write an evaluation of a professional massage that you have received within the past six months. Describe what you liked and what you didn't like.

What do you feel are your strengths and weaknesses regarding qualities you consider important as a Massage Therapist?

Please describe your history of receiving massage/bodywork. If you have had any particularly noteworthy experiences, please describe them and their impact on you.

Is there anything you feel that we should know about your background or your needs; for example, physical challenges such as vision or hearing impairment?