



Application for Admission:
Massage Therapy for Friends and Family

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Educational Background:

Please list relevant courses you have taken, or certifications you have earned.

Include college or vocational courses/degrees. Use a separate sheet if you need additional space.

Course/Certification	Year(s)

ESSAY QUESTION:

Please write an essay explaining your reasons for taking the Level I class in the healing arts of therapeutic massage and bodywork. Use a separate sheet.

Medical Certification:

I, _____, certify that I am free from any medical conditions that would prevent my provision of massage therapy. These include contagious diseases, skin conditions, TB, musculoskeletal restrictions and any other condition that would impede the delivery of massage therapy.

Signature: _____ Date: _____

Please enclose \$50 application fee

I certify that the above statements are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return to: Cedar Stone School of Massage
1832 South Main Street
Harrisonburg, VA 22801