

Attach a small photo of yourself here.

Application

Please complete all questions, sign and date the application. Enclose your \$50 non-refundable application/interview fee payable to Blue Sky School of Professional Massage & Therapeutic Bodywork. Mail the form, any supporting documents, and your fee to Blue Sky School of Professional Massage & Therapeutic Bodywork; N5821 Fairway Drive; Fredonia, Wisconsin 53021. Application must be received prior to interview being scheduled. We will contact you to schedule an interview.

Which class start date applying for? _____

PERSONAL INFORMATION

Date: _____ Location: Grafton Green Bay Madison
Name _____ Maiden Name _____ Social Security Number _____
Address _____ City _____
State _____ Zip _____ Home Phone () _____ Work Phone () _____
E-mail _____ Cell Phone () _____
Occupation _____
Work Address _____
Marital Status _____ Date of Birth _____ Male Female

In case of an emergency, contact:

Name _____ Day Phone () _____
Address _____ Night Phone () _____
Relationship _____

Massage and/or Health Profession Experience and Education. List and describe briefly. Use a separate sheet or resume if necessary. _____

Educational Background (please state your name on school records, if different):

Name	City	State	Zip	Dates Attended	Degree
_____	_____	_____	_____	_____	_____
High School _____	_____	_____	_____	_____	_____
College _____	_____	_____	_____	_____	_____
Technical/Vocational School _____	_____	_____	_____	_____	_____
Other Professional Courses _____	_____	_____	_____	_____	_____

If you have any relatives or friends who are graduates of Blue Sky, please list their names and their relationship to you.

Name _____ Relationship _____

Occupational Experience (Please list your last three employers):

Employer	Address	City State/Zip	Date Employed To/From	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(over)

Have you ever had an application for a health care license denied or withdrawn? _____ If yes, please explain _____

Have you ever been in litigation connected with a health care practice? _____ If yes, please explain _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please explain _____

Health Status

Do you have any allergies? _____ If yes, please list _____

Do you have any major medical conditions? _____ If yes, please list _____

Do you have a history of mental illness? _____ If yes, please list _____

Do you have any special physical needs or limitations? _____ If yes, please list _____

Check if you have any medical conditions or other restrictions which affect your ability to:

- | | |
|--|--|
| <input type="checkbox"/> Attend class regularly | <input type="checkbox"/> Arrive on time for each class |
| <input type="checkbox"/> Receive 60 minutes of massage therapy | <input type="checkbox"/> Study on a regular basis |
| <input type="checkbox"/> Take written and oral exams | <input type="checkbox"/> Learn technical terminology |
| <input type="checkbox"/> Attend nine weekend seminars during the school year (majority held at the Grafton Location) | |
| <input type="checkbox"/> Perform 60 minutes of continuous massage therapy without sitting down | |

Please attach a sheet indicating what medical conditions or restrictions apply and what accommodations are required.
I hereby certify that I am free of skin diseases and free of communicable diseases. I understand that this statement is declared for the health and safety of all class participants.

Signature of Applicant _____ Date of Signature _____

Supporting Documents

The following documents are part of your application. Include them with your form and interview fee, or mail them separately. Your class status will be conditional on when the supporting documents are received and approved.

- Proof of having received 2 professional massages.
- Two letters of recommendation indicating the personal skills and characteristics which you possess that make you a Suitable applicant to become a massage therapist.
- A medical reference stating you are physically, mentally and emotionally able to give and receive massage.
- Transcripts must be mailed to Blue Sky by the institution issuing them.
- Essay (see Admission section in course catalog for details)

Application Agreement

I certify that the information I have provided on this application is complete, accurate and true to the best of my knowledge. I understand that it is my responsibility to request that official transcripts from each academic institution I have attended be submitted directly to Blue Sky School of Professional Massage & Therapeutic Bodywork. I understand that any misrepresentation/omission of application information is sufficient grounds for canceling my admission, enrollment, grounds for dismissal and releases Blue Sky from liability. By submitting this application, I agree to abide by and be subject to Blue Sky School of Professional Massage & Therapeutic Bodywork 's rules, regulations and disciplinary code.

Signature of Applicant _____ Date of Signature _____