

WALDRIP CENTER FOR THERAPEUTIC MASSAGE

3018 Cliff Gookin Blvd. • Suite 3

Tupelo, MS 38801

Phone: 662-407-0578

Fax: 662-407-0579

APPLICATION FOR ADMISSION

Please complete this form in full and return with application fee of \$75.00

Please Print Clearly All Information Requested

Name _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ SSN# ____ - ____ - _____

Sex: M _____ F _____

High School number of years: _____ Graduating year _____ Diploma _____ GED _____

What is your present state of health? _____

Please include a statement of good health from your licensed health practitioner. Must be an M.D., D.O., or N.P.

Are you a citizen of the U.S.? _____ If not, please describe status: _____

Do you have or have you ever had a substance abuse problem? _____

Have you ever been convicted of a crime not including traffic violations? If yes, explain _____

Emergency Contacts: _____ Phone: _____

Relationship _____

Class # - _____ Start Date - _____ Last Class Date - _____

How did you hear about our school? _____

I affirm that the above information is accurate. I understand that the information contained in this document will be held in strictest confidence and will only be used to determine my eligibility to enroll in this massage therapy curriculum.

Date ____ / ____ / ____ Signature: _____