

How did you hear of the Advanced Bodywork and Massage Institute?

Referral: _____

Who referred you?

Advertisement: _____

Where did you see the ad?

Other: _____

Please specify.

Have you ever received a professional massage? Please circle one. **Y** **N**

Hobbies and/or Special Interests.

MEDICAL INFORMATION

Please list all major health problems and/or disabilities which could be of concern while attending the Cleveland School of Massage. **Include all medications**

EMERGENCY INFORMATION

Name of Physician: _____

Address: _____

Phone: _____

Emergency Contacts:

Name	Home Phone	Work Phone	Relationship

I have read the Advanced Bodywork and Massage Institute catalog, and understand the policies described therein. I certify the information in this application to be true and accurate to the best of my knowledge. I understand that this course does not allow me to take the Ohio State Board examination, nor does it lead to licensure in the State of Ohio.

Printed Name

Signature

Date

Make check or money order payable to:

Advanced Bodywork and Massage Institute

Upon completion of this Application for Admission,
please mail to:

Advanced Bodywork and Massage Institute
8870 Darrow Road
Suite F106 #287
Twinsburg, OH 44087

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Advanced Bodywork and Massage Institute
6557-A Cochran Road
Solon, OH 44139