

**Date:**

**~Application~**

**Santa Barbara Body Therapy Institute**  
 516 N. Quarantina St, Santa Barbara., CA 93103  
 (805) 966-5802

Program registration requires: completed application, interview, signed enrollment agreement and \$100 reg fee.

Course registration requires completed application, signed enrollment agreement and 10% reg fee (max \$50.)

Please include a recent photo of yourself or a copy of your driver license.

Last Name		First Name	Middle Name
Mailing Address		City	State Zip
(____)			
Area Code & Telephone		email (please print legibly)	

Birthdate	Gender	Occupation
<b>Desired Start:</b> ___ Spring    ___ Summer    ___ Fall    ___ Winter		
Desired format    ___ Days    ___ Eves    ___ Weekends		
<b>How did you hear about our school?</b> _____		

**What made you chose BTI?** \_\_\_\_\_

\_\_\_\_\_

**In Case of emergency, please contact:**

1) \_\_\_\_\_

Name	Relationship to student	Area Code & Telephone
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2) \_\_\_\_\_

Name	Relationship to student	Area Code & Telephone
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**Education: WE WILL NEED COPIES OF TRANSCRIPTS, DIPLOMAS OR CERTIFICATES.THANKS!**

<i>Name of High School</i>	<i>Address</i>	<i>Certificate or Degree</i>
<i>Name of College</i>	<i>Address</i>	<i>Certificate or Degree</i>
<i>Name of Technical or Vocational School</i>	<i>Address</i>	<i>Certificate or Degree</i>

**Please list any previous experience or training in massage therapy:**

\_\_\_\_\_

**In reference to a future massage business license:**

Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No

Do you have tuberculosis? \_\_\_Yes \_\_\_No

**In reference to student safety:**

Do you have a communicable disease that could be transmitted through contact? \_\_\_yes \_\_\_no

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**Are you currently taking any medications?** \_\_\_\_\_yes \_\_\_\_\_no

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**Is there anything that would be helpful for us to know about your mental or physical condition while you are in massage school? For example: it would be important for us to know if you have epilepsy or high blood pressure.**

\_\_\_\_\_  
\_\_\_\_\_

**Tell us about yourself & what you would like to do with your training. Specifically, is your interest vocational (seeking employment) or avocational (seeking personal enrichment):**

\_\_\_\_\_  
\_\_\_\_\_

How do you plan to pay for your training? IMPORTANT: SBBTI is state approved but not federally accredited and therefore Pell grants and federal loans are not available to SBBTI students. Our intention is for students to graduate and be employable without being saddled with a huge school loan. Options are: a) pay up front from personal finances or private loans b) payment plan with SBBTI c)outside third party source: Voc Rehab, Veterans, other\_\_\_\_\_

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read the Santa Barbara Body Therapy Institute policies as stated in the catalogue.

I am aware that the Santa Barbara Body Therapy Institute (SBBTI) is an organization that is here to serve me by sharing its knowledge of bodywork and Holistic Health. By my participation in classes or activities at SBBTI, I agree to take full responsibility for not exceeding my limits in the practice of bodywork and for any injury I might suffer in the practice of bodywork. I voluntarily assume a known risk in my participation in these classes or activities. It is my responsibility to ascertain that there is no medical reason to prevent my participation. In consideration for the welfare of SBBTI, I waive any claim that I might have at any time for injury of any sort against SBBTI or any person or entity in any way involved therewith.

This release waives the provision of the California Civil Code, Section 1542, which provides: “A general release does not extend to claims which the creditor does not know exist in his favor at the time of executing the release, which if known to him must have materially affected his statement with the debtor.”

**I have carefully read, fully understand and agree to the above:**

\_\_\_\_\_  
*Signature of Applicant (parent or guardian if applicant is under age 18)*

\_\_\_\_\_  
*Date*