

# Canadian School of Colon Hydrotherapy

## A Career in Colon Therapy

### Registration Form

Indicate Course Date Here: \_\_\_\_\_  
Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: (m/d/yr. \_\_\_\_\_  
Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
In Case of Emergency - Contact Name & Phone: \_\_\_\_\_

#### COURSE DESCRIPTION & FEES AS OF JANUARY 2018

##### **4-DAY INTENSIVE PROGRAM\* (1-2 students) (\*larger groups add an extra day)**

- Colon Hydrotherapy Certification Course
- Custom dates available for one-on-one training for no additional charge

##### **1-DAY BUSINESS PROGRAM**

Available as a stand-alone program for all Colon Hydrotherapy practitioners (new or existing) and/or people considering opening their own business.

##### **4-HOURS EQUIPMENT TRAINING**

- Available as a stand-alone program for all certified Colon Hydrotherapy practitioners
- Learn step-by-step how to use the Aquanet EC-2000 (pressure and gravity system)

##### **DIGESTIVE CARE ADVISOR PROGRAM**

- Product knowledge for an entire line of supplements
- Certificate of completion through Renew Life Canada

##### **ASSOCIATION MEMBERSHIP C-ACT)**

- Membership to (C-ACT) Canadian Association for Colon Therapists
- Volunteer positions available in lieu of membership fees

**NOTE: Prices do NOT include applicable taxes**

#### INDICATE CHOICE OF PROGRAMS & DEPOSIT PAID

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | <b>4-Day INTENSIVE Program</b>                                 | <b>\$2,400.00</b> |
| <input type="checkbox"/> | <b>1-Day Business Program</b>                                  | <b>\$650.00</b>   |
| <input type="checkbox"/> | <b>Equipment Training – Aquanet EC-2000</b>                    | <b>\$250.00</b>   |
| <input type="checkbox"/> | <b>Membership to Canadian Association for Colon Therapists</b> | <b>\$200.00</b>   |
| <input type="checkbox"/> | <b>Deposit Amount Paid: _____</b>                              |                   |
| <input type="checkbox"/> | <b>Payment in Full – Amount Paid: _____</b>                    |                   |
| <input type="checkbox"/> | <b>Date Paid: _____</b>  |                   |
| <input type="checkbox"/> | <b>Method of Payment: _____</b>                                |                   |

Please Email or Mail to:

**CANADIAN SCHOOL OF COLON HYDROTHERAPY**  
2351 Kennedy Road Unit 126, Scarborough, Ontario, Canada, M1T 3G9  
info@coloniccoursecanada.com  
416-291-4437

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### Registration Form

#### COURSES INCLUDE:

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- A detailed course outline and binder will be provided on the first day of the course
- Refreshments will be provided during morning and afternoon breaks daily

#### TERMS AND CONDITIONS:

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- Tuition fees quoted do NOT include HST
- Lunch and dinner is NOT included - Local restaurant list available
- Accommodations are NOT included – local hotel suggestions will be available
- We can facilitate room sharing with another participant or accommodations.
- Each program may vary in times and hours depending on the number of participants.
- The daily schedule may be changed at any time without notice as needed.
- \$500.00 (non-refundable) deposit due at time of registration.
- All tuition fees must be paid in full prior to the start of the course
- Payments preferred with cash, Debit or EFT
- Payments made with Visa or MasterCard, Pay Pal will be charged a 3% surcharge.
- Tests - last day of the course. We will ensure you have an opportunity to re-sit tests.
- Your certificate will be mailed within 2-4 weeks upon successful completion of the course.

#### REQUIREMENTS & WAIVER:

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I understand that, upon successful completion of the course including case studies I must pass a series of tests to meet the CSCT requirements of Certification.

**Release:** “I hereby release Canadian School of Colon Hydrotherapy and/or Free to Play Inc., and all branches and affiliations from all claims of damages arising from any accident or injury which is caused by or arises from participation of the applicant named herein, during any program or any facility or any location where a program is held”.

**Confidentiality and Disclosure:** Absolutely no part of the content in the copyrighted publications, course material or teachers’ notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the CSCT program. Breach of these restrictions will result in legal action.

I certify that I have read and understood the items outlined on this registration form.

Applicant’s Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

Accepted by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

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