



REGISTRATION / APPLICATION FORM

Today's Date: _____ COURSE DATES: _____

Applicant First Name: _____ Last Name: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Date of Birth: (m/d/yr. _____)

Cell Phone: () _____ Home Phone: () _____

Email Address: _____

In Case of Emergency - Contact Name & Phone: _____

Name you would like to see on your certificate: _____

WE WANT TO GET TO KNOW YOU - PLEASE COMPLETE THE FOLLOWING:

Do you have First Aid or CPR training: YES ___ NO ___

If yes, please indicate the name of the school _____

If yes, please indicate date course completed: _____

Have you ever received a colon hydrotherapy treatment for yourself? YES ___ NO ___

If yes, what was the date of your last treatment? _____

If yes, where was this treatment administered? _____

If yes, what kind of equipment was used for your treatment? _____

Do you have any training on any other alternative health modalities? YES ___ NO ___

If yes, please list the modality _____

If yes, please list name of school _____

If yes, please list date course completed _____

Did you receive a diploma or certification? _____

Are you an existing colon therapist? YES ___ NO ___

If yes, when did you begin working? _____

If yes, did you start your own business? YES ___ NO ___

If no, where have you worked? _____

What kind of equipment do you have experienced with? _____

Canadian School of Colon Hydrotherapy

A CAREER IN COLON HYDROTHERAPY



Please include a current CV/Resume

A paragraph stating why you are interested in taking this course: _____

CHOOSE YOUR PROGRAM – INDICATE YOUR CHOICE (SEE FULL COURSE DESCRIPTION)

- | | | |
|--------------------------|--|------------|
| <input type="checkbox"/> | 5-DAY INTENSIVE COURSE | \$2,900.00 |
| <input type="checkbox"/> | 4-DAY INTENSIVE COURSE | \$2,400.00 |
| <input type="checkbox"/> | 3-DAY SKILLS UPGRADE & EQUIPMENT TRAINING (Stand-Alone) | \$1,800.00 |
| <input type="checkbox"/> | 2-DAY SKILLS UPGRADE & EQUIPMENT TRAINING (Stand-Alone) | \$1,200.00 |
| <input type="checkbox"/> | 1-DAY BUSINESS START-UP PROGRAM (Stand-Alone) | \$650.00 |
| <input type="checkbox"/> | HALF DAY (4 hours) EQUIPMENT TRAINING ONLY (Stand-Alone) | \$300.00 |
| <input type="checkbox"/> | MEMBERSHIP - CANADIAN ASSOCIATION FOR COLON THERAPISTS (C-ACT) | \$200.00 |
| <input type="checkbox"/> | VOLUNTEER FOR C-ACT (20 HOURS) | N/C |

Dates of course chosen: _____

Deposit amount included with application: _____ Date Paid: _____

Method of Payment: _____ COMMENTS: _____

COURSES INCLUDE:

- A detailed course outline will be provided prior to your course
- A detailed binder will be provided on the first day of the course
- Refreshments will be provided during morning and afternoon breaks daily
- Certificates will be given on applicable courses.

TERMS AND CONDITIONS:

- Tuition fees quoted do NOT include applicable taxes/fees.
- Lunch and dinner are NOT included - Local restaurant list available
- Accommodations are NOT included – local hotel suggestions may be available
- We will do our best to facilitate room sharing or accommodations, but it is NOT guaranteed.



- 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 deposit is due at time of registration
- Deposit of \$500 is non-refundable but transferable to future course date within 1 year.
- All tuition fees must be paid in full prior to the start of the course
- Preferred payment method is cash, Debit or EFT
- Payments made with Visa or MasterCard, Pay Pal, Quick Books, 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 given upon completion of the program or may be mailed within 7-10 days upon successful completion of the course.

REQUIREMENTS & WAIVER:

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 understand and accept the above prerequisites and terms and understand that my registration in this course is pending approval from administration. I confirm that all the information I provide to Canadian School of Colon Therapy is accurate and correct. I certify that I have read, understand, and accept the items and terms outlined on this application form.

Disclaimer: The information contained in this course both verbal and written is a compilation derived from many sources and is not intended to replace supervision by a qualified health professional for medical or health related problems. Among these information sources is my own clinical experience of more than 10 years. The result of this hands-on learning is supported by the research and clinical reports of a wide range of natural and conventional health practitioners. Opinions expressed herein are strictly those of the author/instructor and in no way represent those of the medical profession or any medical association. It is strongly recommended that you adhere to your regions licensing laws.

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

Applicant's Name (please print): _____ **Date:** _____

Applicant's Signature: _____