

REGISTRATION/APPLICATION FORM

Today's Date: _____ **Course Dates Chosen:** _____

Applicant First Name: _____ Last Name: _____

Name you would like to see on your certificate (if different from above): _____

Address: _____ Apt _____

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

Date of Birth: (mm/dd/yyyy): _____

Phone: _____ Email: _____

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

Please include a current CV/Resume with your Registration/Application.

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, where did you take your training? _____

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 experience with? _____



What work experience do you have, if any, related to alternative health practices?

Why are you interested in taking this course?

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

<input type="checkbox"/>	INDEPENDENT PROFESSIONAL COURSE – 5 DAY (100 hours) Includes: Digestive Care Advisor Program & Business Start-up Program	\$3,500.00
<input type="checkbox"/>	CLINICAL PROFESSIONAL COURSE – 4 DAY Includes: Digestive Care Advisor Program	\$3,000.00
<input type="checkbox"/>	LIVE BLOOD CELL MICROSCOPY INTRODUCTORY – 1 DAY	\$1,050.00
<input type="checkbox"/>	SKILLS UPGRADE & EQUIPMENT TRAINING – 3 DAY	\$2,000.00
<input type="checkbox"/>	SKILLS REFRESHER & EQUIPMENT TRAINING – 2 DAY	\$1,500.00
<input type="checkbox"/>	DIGESTIVE CARE ADVISOR PROGRAM - 1 DAY	\$650.00
<input type="checkbox"/>	IMPLANT/ENEMA TRAINING – 1 DAY	\$650.00
<input type="checkbox"/>	BUSINESS START-UP PROGRAM – 1 DAY	\$650.00
<input type="checkbox"/>	EQUIPMENT TRAINING – HALF DAY (3-4 HOURS)	\$300.00
<input type="checkbox"/>	MEMBERSHIP - CANADIAN ASSOCIATION FOR COLON THERAPISTS (C-ACT)	\$150.00
<input type="checkbox"/>	VOLUNTEER FOR C-ACT (20 HOURS)	N/C

NOTE: Prices do not include applicable taxes or shipping and handling fees for course materials

COMMENTS OR SPECIAL CONSIDERATIONS:

COURSES INCLUDE:

- A detailed course schedule/outline will be provided.
- Detailed course materials (binder) will be provided on the first day of the course.
- If doing virtual training, your course materials will be mailed to you. A minimal fee for shipping and handling will be charged.
- Refreshments will be provided during morning and afternoon breaks daily.
- Certificates will be provided for applicable courses (as indicated in course description).

TERMS AND CONDITIONS

- Fees do NOT include applicable taxes or shipping and handling of course materials.
- A \$500.00 non-refundable deposit is due at the time of registration. If registration occurs less than 14 days prior to the start of the course, payment of the full course amount is required upon registration.
- All tuition fees must be paid in full a minimum 14 days 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 subject to a 3% surcharge.
- Lunch and dinner are NOT included - local restaurant list available upon request.
- Accommodation is NOT included – local hotel suggestions available upon request.
- We will do our best to facilitate room sharing or accommodations, but it is NOT guaranteed.
- The standard course (5-Day Program) is Monday to Friday from 9:00am to 5:00pm EST. Each program may vary in start and finish times and hours depending on the number of participants. The daily schedule may be changed at any time without notice as needed.
- **Cancellation:** Any cancellations must be provided in writing via email to info@coloniccoursecanada.com.
 - If notice of cancellation is provided 48 hours or less prior to the course start date, an administration fee of \$1,000 is charged for cancellation.
 - If notice of cancellation occurs more than 48 days prior to the course start date, an administration fee of \$500 is charged for cancellation.
- **Rescheduling:** Any requests to reschedule must be provided in writing via email to info@coloniccoursecanada.com.
 - You are permitted to reschedule 1 time to a future course date within 1 year of the original purchase. No refunds or cancellations are permitted for rescheduled courses.
- Tests are held on the last day of the course. If the test is not passed, you will have one opportunity to re-sit the test at no additional charge. Any additional testing will be subject to a fee of \$100 per test.
- If applicable, 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 Canadian School of Colon Hydrotherapy requirements of Certification.

Release: My participation in the course is at my own risk and Canadian School of Colon Hydrotherapy and/or Free to Play Inc. and all branches and affiliations, including directors, employees, and representatives of the foregoing (each and collectively, the “Provider”) is not responsible for any injury, loss or damage of any kind sustained by me, my property, or any person or third party, whether caused by the action, inaction, or negligence of myself or others, whether sustained prior, during, or after the completion of the course. I agree that Provider disclaims all liability for any harm or damages suffered by me relating to claims by any third party.

I, on behalf of myself, my heirs, successors, and assigns, hereby release and hold harmless the Provider, from all claims of damages or causes of action arising from any accident, illness or injury which is caused by or arises from participation of the applicant named herein, during any course or any facility or location where a course is held.

Confidentiality and Non-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 any other course or shared with anyone not taking the Canadian School of Colon Hydrotherapy program. Breach of these restrictions will result in legal action.

Disclaimer: To the fullest extent permitted by law, the Provider makes no representations or warranties to you, including about the courses or programs offered hereunder, your ability to launch or improve a colon hydrotherapy business, work in a colonic clinic or otherwise. 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. 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 region’s licensing laws.

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.

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

Applicant’s Name (please print): _____

Applicant’s Signature: _____ **Date:** _____