



## REGISTRATION FORM

**Today's Date:** \_\_\_\_\_ **Course Dates Chosen:** \_\_\_\_\_

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Date of Birth: (mm/dd/yr.): \_\_\_\_\_

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?

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

**INDICATE YOUR CHOICE OF ATTENDANCE**

- I WILL ATTEND IN PERSON     I WILL ATTEND VIRTUALLY     I WILL ATTEND AT MY OWN PACE

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

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | <b>INDEPENDENT PROFESSIONAL COURSE –5 DAY</b>  | <b>\$4,500.00</b> |
|                          | <b>Includes: Digestive Care Advisor Program, Enema/Implant Training, Business Start-up Program</b> |                   |
| <input type="checkbox"/> | <b>CLINICAL PROFESSIONAL COURSE – 4 DAY</b>  | <b>\$4,000.00</b> |
|                          | <b>Includes: Digestive Care Advisor Program, Enema/Implant Training</b>                            |                   |

**CHOOSE YOUR STAND-ALONE PROGRAMS (COURSE DESCRIPTION BELOW)**

- |                          |  |                   |
|--------------------------|--|-------------------|
| <input type="checkbox"/> | <b>LIVE BLOOD CELL MICROSCOPY INTRODUCTORY – 1 DAY</b> | <b>\$1,200.00</b> |
| <input type="checkbox"/> | <b>SKILLS UPGRADE &amp; EQUIPMENT TRAINING – 3 DAY</b> | <b>\$2,500.00</b> |
| <input type="checkbox"/> | <b>DIGESTIVE CARE ADVISOR PROGRAM - 1 DAY</b>          | <b>\$750.00</b>   |
| <input type="checkbox"/> | <b>IMPLANT/ENEMA TRAINING – 1 DAY</b>                  | <b>\$750.00</b>   |
| <input type="checkbox"/> | <b>BUSINESS START-UP PROGRAM – 1 DAY</b>               | <b>\$750.00</b>   |
| <input type="checkbox"/> | <b>EQUIPMENT TRAINING – HALF DAY (3-4 HOURS)</b>       | <b>\$375.00</b>   |

**CHOOSE YOUR PAYMENT METHOD**

- PAYMENT WILL BE MADE WITH USING CREDIT CARD/PAY PAL (3% charge applicable)**
- PAYMENT WILL BE MADE WITH ELECTRONIC FUNDS TRANSFER (WITHIN CANADA) (no charge)**
- PAYMENT WILL BE MADE USING BANK TRANSFERS (OUTSIDE OF CANADA) (\$17.00 charge)**

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## COURSES INCLUDE:

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- A detailed course schedule/outline will be provided.
- Detailed course materials will be provided on the first day of the course.
- If attending virtual training, course materials will be mailed. A minimal fee for shipping and handling will apply. Course materials for the At-Your-Own-Pace program will be digital.
- Refreshments will be provided during morning and afternoon breaks daily for in-person classes.
- Certificates will be provided to successful candidates (as indicated in course description).

## TERMS AND CONDITIONS

- Fees do NOT include applicable taxes or shipping and handling of course materials.
- Course fees may change at any time without notice.
- 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. \$200.00 non-refundable deposit applies to the Live Cell Microscopy training (separate contract will follow for this course.)
- All tuition fees must be paid in full a minimum 14 days prior to the start of the course.
- The preferred payment method is electronic funds transfer at no charge.
- Payments made with Visa, MasterCard, Pay Pal, Quick Books, will be subject to a 3% surcharge.
- Payments made with Bank transfers (out of the Country) will be subject to a \$17.00 surcharge.
- Lunch and dinner are NOT included - local restaurant list available upon request.
- Accommodation is NOT included – local hotel suggestions available upon request.
- Typically, in-person & virtual course run from Monday-Friday from 9:30 am to 5:30 pm EST.
- Daily start and finish times may vary depending on the number of participants and their location.
- Daily schedules and content may be changed at any time without notice as needed.
- **Cancellation:** For Colonic Course Programs - Any cancellations must be provided in writing via email to [info@coloniccoursecanada.com](mailto: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](mailto: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 successful completion of the program or may be mailed within 7-14 days.



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## 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 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:** \_\_\_\_\_