

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: _____

INDICATE CHOICE OF PROGRAMS

- 4-Day INTENSIVE Program**
Custom Dates Available for one-on-one training (call to discuss)
- 5-Day Program**
January 11-15, 2016
- 1-Day Business Program**
Add on to 5-Day Program (January 16th)
Custom Dates Available for one-on-one training (call to discuss)

Requirements: I understand that, upon successful completion of a minimum of 30 practicum hours 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 Therapists 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: _____

Please Email or Mail to:

CANADIAN SCHOOL OF COLON HYDROTHERAPY
64 Glen Watford Drive, Scarborough, Ontario, Canada, M1S 2C5
info@vitalitysourcestudio.com
Phone: 416-291-4437