



## LIVE CELL MICROSCOPY - Registration Form

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: (m/d/yr. \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

- Fill out, sign, date and submit this form to CSCH via email address below.
- Deposit of \$200.00 (non-refundable) is payable by EFT at time of application/registration.
- Balance is due 30 days prior to the first day of the course and payable by EFT or Cash only.

### Please answer the following questions:

1. Have you ever had a Live Cell Microscopy session for yourself? YES \_\_\_ NO \_\_\_  
If yes, what was the date of your last test? \_\_\_\_\_  
If yes, where was this session administered? \_\_\_\_\_
2. 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? \_\_\_\_\_

A paragraph stating why you are interested in taking this program: \_\_\_\_\_

**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 CANADIAN SCHOOL OF COLON HYDROTHERAPY 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 CSCH is accurate and correct. I certify that I have read, understand, and accept the items and terms outlined on this application form. I will sign the waiver on the next page.

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

Applicant's Signature: \_\_\_\_\_

## Introduction to Live Cell Analysis Program Disclaimer



Canadian School of Colon Hydrotherapy provides education to health care professionals and laymen interested to learn.

The educational presentations offered by Canadian School of Colon Hydrotherapy do not constitute legal advice as to the laws and regulations governing the provisions of health care services.

It is understood that I am responsible for determining how I am governed in the scope of my practice under the terms of my licensure as dictated by the laws that govern locality in which I perform my work and/or state/provincial and federal laws, as applicable.

I acknowledge that I will take my own finger stick for specimen collection purposes if required unless my finger is being punctured by a person certified to perform “Capillary Puncture” through the Robetech Institute. I have read and understood the disclaimer.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_