



West Coast College of **MASSAGE** Therapy

## Introduction to Massage Therapy Program Registration

### Practical Prerequisite Program - Fee: \$300.00

This course is open to anyone interested in massage in general (priority registration will be given to those who have an open application for acceptance into the 20 Month Competency Based Mastery Level Registered Massage Therapy Program), as well as being the practical prerequisite for applicants to the Registered Massage Therapy Diploma Program. **PLEASE NOTE: Registration form and payment must be received at the College no later than one (1) week prior to the commencement of the Intro Program**

### PROGRAM REQUESTED – PLEASE CIRCLE THE PROGRAM DATE YOU WISH TO ATTEND

November 13th - 15th, 2020	January 15th - 17th, 2021	February 19th - 21st, 2021	March 19th - 21st, 2021
May 14th - 16th, 2021	June 18th - 20th, 2021	July 16th - 18th, 2021	Sept 17th - 19th, 2021
October 15th - 17th, 2021	November 19th - 21st, 2021	TBA	TBA

### PERSONAL DATA – Please complete all of the spaces below. If not applicable to you, indicate “N/A”. Do not leave blank

Family (Last) Name:		Given/First Name (legal):		Middle Name:	
Previous /Maiden Name (if applicable):		Email Address:			
Apt/Suite	Permanent Street Address	City	State/Province	Postal Code/Zip	Country
Telephone – Mobile:		Telephone – Home:		Telephone – Business:	
Birth Date: (month, day, year)		Gender:		First Language (must complete):	
(M) _____ (D) _____ (Y) _____		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	
Residency Status:				Date of Entry into Canada (if applicable):	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Study Permit <input type="checkbox"/> Other Visa				(year) _____ (month) _____	

### CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

As of today's date, do you have an open ICBC or WCB injury claim? ☐ Yes ☐ No

I confirm that I am healthy, fit and able to participate in all aspects of the Introduction to Massage Therapy Program. I have not suffered an injury which may, in any way, impede my ability to participate in this Program. I further confirm that, as of today's date, I do not have an open ICBC/WCB injury claim.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT INFORMATION NOTE: An NSF fee of \$50.00 will be charged for any returned cheque.

FOR CREDIT CARD PAYMENT ONLY: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

NAME APPEARING ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ VIN \_\_\_\_\_

EXPIRY DATE (month/year): \_\_\_\_\_ SIGNATURE APPEARING ON CARD: \_\_\_\_\_