



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

January 14-16, 2022	February 11-13, 2022	March 11-13, 2022	May 13-15, 2022
June 10-12, 2022	July 8-10, 2022	September 16-18, 2022	October 14-16, 2022
November 18-20, 2022	TBA	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: _____