



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, as well as being the practical prerequisite for applicants to the Registered Massage Therapy Diploma Program. **PLEASE NOTE: Registration form must be received at the College no later than one (1) week prior to the commencement of the Introductory Massage Course.**

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

Nov 27 th -29 th 2020	Feb 5 th -7 th 2021	Mar 26 th -28 th 2021	Jun 18 th -20 th 2021	Aug 26 th -28 th 2021	Oct 1 st -3 rd 2021
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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"/> 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) _____	

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

Payment information- \$300.00 payment is required upon registration to the program (\$15.00 non-refundable withdrawal fee)	
NAME APPEARING ON CARD: _____	
_____ MasterCard _____ Visa	CREDIT CARD NUMBER: _____
EXPIRY DATE (month/year): _____	SIGNATURE APPEARING ON CARD: _____

CONFIRMATION OF FITNESS TO PARTICIPATE IN PROGRAM

Forward completed application to: WCCMT, 100-818 Broughton Street, Victoria, BC V8W 1E4: vicadmissions@collegeofmassage.com

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

_____ I confirm that I do not have an open claim

_____ I confirm that I do have an open claim

Participant's Signature

Date