Student Registration Record

Family Name: _____ First name: _____

Home Address:_____

Postal Code: _____ E-mail Address:_____

Telephone No: Home (_ _ _) _____ Cell: (_ _ _) _____

Date of Birth: (d/m/yr.): _____ Occupation: _____

Background of Education: _____

Emergency Contact: _____Tel. No.: _____

Referred by: _____

Which course would you like to take?

Massotherapy in TCM ☐ Naturopathy in TCM ☐

Acupuncture ☐ Traditional Chinese Medicine ☐

Class Day Enrolled: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Purpose for Taking This Course: (Briefly)

_____

Do you need a certificate for courses taken? _____

Conditions: Release: “I hereby release the instructors and the CANADIAN INTERNATIONAL COLLEGE OF TRADITIONAL CHINESE MEDICINE from all claims for damage arising from accident or injury which is caused by or arising from participation of the student named, herein, during any program or any facility or at any location where a program is held.” Important notice: 1. School fee must be paid in full before any class starts. 2. Registration fee of $50.00 for each program enrolled must be paid at registration; this fee is nonrefundable. 3. School fee will not be refunded after classes are taken. 4. For those who need a certificate, a charge of $100.00/certificate is required. 5. Your signature below will confirm all your information provided and agreement to the above.

Signature of Student: _____

Date: _____