



# Student Information Form

PSC

Print neatly please and respond to all the questions

>	>		/ /	xx
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birthday day/mon/yr</b>	<b>Nick Name</b>

>			>
<b>Home Phone Number-include area code</b>	<b>Additional Number</b>		<b>E-mail Address Please print clearly- your certificates will be emailed</b>

>			
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

>	
<b>Emergency Contact Name</b>	<b>Phone and relationship ( a person not attending the program)</b>

- Do you have any medical limitations that would effect your participating in this course?  
Explain on the back of this sheet details please. Circle YES or NO
- What regular physical training do you participate in? \_\_\_\_\_
- Current occupation/ agency name? \_\_\_\_\_
- What related experience do you have to this training(professional exp or training )?  
  
>
- Have you ever had any self defense incidents ? Circle YES or NO  
Please( Explain on the back if it might effect your training with us.)
- Check Interest for possible future training
  - Unarmed Skills     Expandable Baton     Chemical Agent
  - Handcuffing         Security Skills         Group Course for family/agency
  - Rifle/ Shotgun         Advanced Handgun     First Aid

	/ /	>
	<b>Todays Course Date &gt; d/m/y</b>	<b>Write name of course you are taking here Like CCW and or Security Licensing</b>

Comments, needs or questions please write in lower margine THANK YOU