

**PROTECTIVE SERVICES GROUP TRAINING PROGRAM
REGISTRATION FORM**

To be considered for acceptance into the Protective Services Group training program this application must be completed and submitted with all required documentation. Protective Services Group reserves the right to deny training. In the event that an application is not accepted, the program fee will be promptly refunded in full.

APPLICANT INFORMATION

Legal Name: _____ Drivers License # _____

Other Names Known by: _____ Date of Birth: _____
List All

Residence Address: _____ City: _____

State: _____ Zip: _____

Phone: () _____ Phone: () _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Name as you wish it to appear on program certificate: _____

Person to contact in the event of an emergency: _____

Address: _____

Phone: () _____ Phone: () _____

STATEMENT OF NO SUBSTANCE ABUSE, MENTAL ILLNESS, AND NO CRIMINAL RECORD

By my signature on this application, I state that I have no criminal convictions, am not currently under indictment or prosecution for any offense, and am not wanted for questioning or arrest by any law enforcement or government agency. I further state that I have no history of mental illness or substance abuse. I understand that my training may be terminated at any time during the program if my actions are not deemed appropriate by Protective Services Group's Staff. I also agree to sign a document releasing Protective Services Group from any liability that may occur during the course of my training or thereafter.

Applicant's Signature: _____ Date: _____

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STATEMENT OF GOOD PHYSICAL CONDITION

All applicants are accepted for training will be required to participate in realistic training exercise's which will require stamina and good judgment. By signing below, applicant declares they are free from physical restrictions that would hinder or jeopardize their health and have been given medical clearance from their physician.

Applicant's Signature: _____ Date: _____

REGISTRATION FORM

Please indicate the course you wish to attend.

_____ Date(s): _____ Cost: _____
_____ Date(s): _____ Cost: _____

Please reserve a space for me in the _____ program dated _____.

Enclosed is my deposit of \$_____.

The deposit will be returned in full if written notice of cancellation is received 15 days prior to start of program. The deposit required on all programs is one-half of the tuition.

I agree to abide by the Code of Conduct and any and all safety procedures required by Protective Services Group and its instructors and I agree to sign a statement releasing Protective Services Group and its instructors from any responsibility for any injury sustained by me during the training program.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____