



Police

STUDENT COURSE REGISTRATION FORM

Last Name: _____ First Name: _____ MI: _____

City: _____ State: _____ Zip: _____

DOB: _____ Email: _____

Dorm/Hall: _____

In case of emergency (please contact):

Name: _____

Phone: _____

Relationship: _____

Confidential Medical History

1. Date of most recent medical examination: _____

2. Do you feel well without restriction? Yes _____ No _____

If no, please describe:

3. Do you have any current medical conditions that may prohibit you from participating in physical activities? Yes _____ No _____

4. Have you ever been hospitalized or treated for an injury? Yes _____ No _____

If yes, please describe:



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5. On a scale of 1 to 10, with 1 being the worst and 10 being the best, describe how you feel pertaining to the following:
 - a. Your mental and physical wellbeing. ____
 - b. Your current fitness level. ____
 - c. Your cardiovascular fitness. ____
 - d. Your joints including: ankles ____, knees ____, hips ____, wrists ____, elbows ____, shoulders ____, neck ____, back ____.

6. Do you feel that you are completely capable of attending and completing The Equalizer Women's Self-Defense Program? Yes ____ No ____
 - If no, please notify the Instructor.

Course Location: _____

Date of Course: ____/____/____ to ____/____/____

Course Instructor(s): Bass, Bergeron, Bodine

The above information is complete, true and accurate to the best of my knowledge.

Date: ____/____/____ Participant's Signature: _____

Date: ____/____/____ Instructor's Signature: _____