

Columbus Police Department Citizens Self-Defense Course Registration

Name: _____

Address: _____

DOB: _____

Phone #: (H) _____ **(W)** _____

This course of instruction is physically demanding at times. Participants should be in good health. The course will provide instruction to personal safety and how to be aware of potential dangers, as well as physical tactics to escape and defend yourself. The legal aspects of the use of force will be covered. Officers that are certified by the Indiana Law Enforcement Academy will instruct and supervise all aspects of the training.

I, _____, (participant) wish to participate in the Columbus Police Citizen's self-defense course. I am in good health and understand there may be risks involved in performing the defensive tactics of the class.

If participant is under 18 years of age a parent/legal guardian must be present during the course, and sign below.

I, _____, (parent or legal guardian of above participant) give permission for them to participate in the Columbus Police self-defense course and agree they are in good health and also understand there may be risks involved in performing the defensive tactics of the class.

**Return this form to CPD to the attention of Lt Gary Moody.
Call 376-2607 for any questions.**