



# Application/Registration Form Women's Self Defense Class

You must mail or bring this form to the Sheriff's Office—or FAX to (503) 366-4644

Classes fill up quickly. You must receive a confirmation letter or email from us designating the date of your class before coming to the Sheriff's Office for any class. Questions? Call Timmi Sue at the Sheriff's Office: (503) 366-4651

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number for text messaging (optional) \_\_\_\_\_

### CLASS LOCATION AND DATE

If you know the date and time of an established class time, put that information (along with the location) in the blanks below. If you have not expressed interest in a class, you must contact the Sheriff's Office to obtain information on when the next class will take place.

Date/Time	Location
-----------	----------

Have you been convicted of any crimes involving violence or illegal drugs?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that may limit your participation? Yes/No \_\_\_\_\_

If "yes" please explain \_\_\_\_\_

Do you have children between the ages of 16 and 18 who will be attending the class with you?

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

(Due to some mature themes in the presentation, this class is not appropriate for children 15 years and younger. Anyone under 18 must be accompanied by an adult. Childcare will not be provided participants must arrange for their own childcare)

I understand the nature of the offered class and that, by participating, there is a risk of injury to myself or others. By signing this Agreement I authorize the Columbia County Sheriff's Office to conduct a criminal history check. Also, by signing this Agreement I agree to indemnify, defend, and hold harmless Columbia County, its officers, agents and employees from and against any claim of injury to person or property arising out my participation in this class.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sheriff's Signature \_\_\_\_\_ Date \_\_\_\_\_