

CORE GROUP SECURITY - REGISTRATION FORM - CONFIDENTIAL

COURSE NAME:

Dates:

(Please Print Clearly & Check all blocks appropriate)

STUDENT INFORMATION						
Legal Name:		First:	Middle:	Background Check		
Last name:			SSN:			
Home phone #	Cell phone #	Email Address:		Birth date:	Age:	Sex:
				/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Street address:			City & State		ZIP Code:	
Occupation:		Supervisor Name or Personal Reference			Phone #	
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<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> COUNTRY OF CITIZENSHIP:					Passport #	
<input type="checkbox"/> MILITARY	<input type="checkbox"/> POLICE	<input type="checkbox"/> HOMELAND SECURITY	<input type="checkbox"/> FIRE	<input type="checkbox"/> EMS	<input type="checkbox"/> CIVILIAN	
PAYMENT METHOD (CREDIT CARDS, PAYPAL, BANK TRANSFER)						
Bank Routing numbers; Bank of America: Acct #: 4968541018 Routing #: 122400724						
SWIFT CODE: 026009593		BIC FORIEGN: BOFAUS68		BIC USA: BOFAUS3N		

<input type="checkbox"/> Credit Card #		<input type="checkbox"/> Wire Transfer			
<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	<input type="checkbox"/> Expiration Date:	<input type="checkbox"/> CSC #

BACKGROUND CHECK

- I understand I must provide **proof of clean criminal background** from the police department of the county or city in which I am domiciled.
- I consent and allow Core Group Security to perform it's own **criminal and personal background search** on me prior to receiving any training.

GENERAL LIABILITY

I understand this training involves strenuous physical activities, high stress threat scenarios and in some cases, the use of live weapons. I certify that I am able to undergo this type of activity without risk to my health. During training I agree to hold harmless Core Group Security from any and all claims, demands, actions and cause.

In no event shall I hold Core Group Security liable for any loss or any incidental, indirect, consequential, special or other similar damage arising during the training course or any time afterwards, except when the same shall arise due to the willful misconduct or gross negligence of Core Group Security.

IN CASE OF EMERGENCY

Name of local (nearest) relative or friend.	Relationship to student:	Home phone no.:	Work phone no.:
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- I understand that I am financially responsible for any and all medical care that is rendered to me in the event of an emergency.
- I understand this form, along with picture ID copy, must be completed, faxed, mailed, or emailed to Core Group Security, (smassimino101@gmail.com) along with deposit payment **before** training can be scheduled.
- The above information is true to the best of my knowledge. I understand that any intentional misrepresentation or false information will result in being denied access to this course, denied issuance of training certification, or removal from the course and forfeiture of any funds paid.

Student signature	Date

Please print this form out, fill it in, scan it and email it to smassimino101@gmail.com