

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 #	
				()	
<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					
(MAKE CHECKS OUT TO CORE GROUP LAS VEGAS)					
Mail check and form to <i>5516 Orchard Lane, Las Vegas, NV. 89110</i>					

<input type="checkbox"/> Credit Card #	<input type="checkbox"/> Check
<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 Las Vegas 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 Las Vegas from any and all claims, demands, actions and cause.

In no event shall I hold Core Group Las Vegas 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 Las Vegas.

IN CASE OF EMERGENCY

Name of local (nearest) relative or friend.	Relationship to student:	Home phone no.:	Work phone no.:
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<input type="checkbox"/> I understand that I am financially responsible for any and all medical care that is rendered to me in the event of an emergency.			
<input type="checkbox"/> I understand this form, along with picture ID copy, must be completed, faxed, mailed, or emailed to Core Group Las Vegas, along with deposit payment before training can be scheduled.			
<input type="checkbox"/> 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.			
<i>Student signature</i>	<i>Date</i>		

Please print this form out, fill it in and either fax it back to 702-900-2673, or scan to PDF and email it to sharon@coregrouplv.com