



Oak Creek Police Department

Basic Danger Awareness and Self Defense Seminar Application

CLASS WILL BE HELD AT THE OAK CREEK POLICE DEPARTMENT, 301 W. RYAN RD, OAK CREEK, WI.

Date of Seminar: See website
Name: _____
Date of Birth: <i>(must be 17 yrs. old to participate)</i> _____
Address: _____
Phone Number: _____
Have you attended this course before? Yes NO If yes, what date? _____

Participants will be asked to partake in a portion of this seminar which has a physical self-defense component. Participation in this segment is NOT mandatory and the attendees can work at their own pace.

Do you have any medical conditions that the instructors need to be aware of? **Yes No**

If yes, please explain: _____

Have you had any martial arts or self-defense training? **Yes No**

If yes, please explain: _____

What are your expectations of this course? _____

Emergency Contacts:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Waiver: I hereby acknowledge that I will be participating in a seminar which may include participation in physical activities. By signing this application, I hereby release the City of Oak Creek, the Oak Creek Police Department and their employees, agents and/or designees, from any and all liability for any injuries that I may sustain as a result of my participation in this seminar.

Participant's Signature: _____ **Date:** _____

IF UNDER 18 YRS. OF AGE, A PARENT or GUARDIAN SIGNATURE IS REQUIRED:

Parent's Signature: _____ **Date:** _____

*Minimum class size: 15 students. Wear workout clothing and athletic shoes. Must be 17 years of age or older. Class is filled in the order of applications received. Please mail or drop off completed application at the Oak Creek Police Department, 301 W. Ryan Rd, Oak Creek, WI 53154, email: ocpdcommunityresource@oakcreekwi.org or fax: 766-6688 to the attention of Community Resource. **Fee: FREE**