

# CONTROLLED CHAOS ARMS

8401 HWY S52 NORTH – BAXTER, IA 50028

## CCA COURSE REGISTRATION FORM

COURSE TITLE AND DATE: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW DID YOU LEARN OF OUR COURSE? \_\_\_\_\_

\_\_\_\_\_

WHAT PREVIOUS TRAINING DO YOU HAVE, IF ANY? \_\_\_\_\_

\_\_\_\_\_

COURSE COST/ENCLOSED AMOUNT: \_\_\_\_\_

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THE FOLLOWING:

- I UNDERSTAND THAT FIREARMS, SELF DEFENSE, AND TACTICAL TRAINING COURSES ARE POTENTIALLY DANGEROUS, AND THAT I AM RESPONSIBLE FOR MY OWN SAFETY AND THE SAFETY OF OTHERS WHILE PARTICIPATING IN THIS COURSE.
- BY PARTICIPATION I AM AGREEING TO FOLLOW ALL INSTRUCTIONS AND OBEY ALL SAFETY POLICIES AND PROCEDURES.
- I HAVE RECEIVED AND REVIEWED THE COURSE OUTLINE AND TRAINING REQUIREMENTS AND WILL BE IN COMPLIANCE WITH THEM AT THE TIME OF THE COURSE.
- NO PORTION OF MY COMPLETE PAYMENT REGISTRATION WILL BE REFUNDED IF I, FOR ANY REASON, DO NOT ATTEND THE COURSE.
- I AM NOT UNDER ANY LEGAL RESTRICTION BARRING MY ACCESS TO THE TRAINING AND/OR POSSESSION OF FIREARMS IF REQUIRED TO COMPLETE THE COURSE.
- I UNDERSTAND RANGE FEES OR COURSE LOCATION FEES MAY APPLY TO THE COURSE.

SIGNATURE: \_\_\_\_\_

PLEASE PRINT, COMPLETE, AND RETURN WITH COMPLETE PAYMENT AND RANGE FEES (IF APPLICABLE) TO CCA:

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