



Confidential

Security Course Registration Form

Course Name: Basic Security Course

Course Duration:

Location: Online, Chisasibi

Personal Information

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Nationality: _____

Occupation: _____

Contact Information

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Address

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Course Commitment Acknowledgement

I, (_____), acknowledge that I am committing to complete the basic Security Course in its entirety. I understand that this course requires my full participation and dedication, and I agree to attend all sessions, complete all assignments, and adhere to the course guidelines and policies.

I also understand that failure to complete the course may result in forfeiture of any fees paid or other consequences as outlined by the course provider.

Signature: _____

Date: _____

Payment Information: None for this course

Course Fee: None for this Course

Payment Method: ☐ Credit Card ☐ Bank Transfer ☐ Cash ☐ Other

Payment Reference Number (if applicable): _____

Additional Information

Do you have any prior experience in security? ☐ Yes ☐ No

If yes, please describe: _____

Thank you for registering!

For any questions, please contact: Lyle Cox

lyle@chiiwaatin.ca or 514 831 3449

Signed and Accepted by: _____

Date: _____

Yours sincerely,

Lyle Cox

Founder and Owner

Chiiwaatin Security Agency

Agency Permit #GAR 20065078

NEQ. # 2279442851

Email completed form back to info@chiiwaatin.ca