



*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**