

MISSION CRITICAL

ROGERS RANGE

CLIENT PROFILE

Name:	Age:	Date:
Gender:	<input type="checkbox"/> Male	
	<input type="checkbox"/> Female	
Phone:	Email:	
City and State of Residence:		
Emergency Contact Name:		
Emergency Contact Phone:		

Are you active duty or retired Military or Law Enforcement?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

How did you hear about us?

MEDICAL HISTORY

Describe any Injuries or limitations that may effect your movement during training:

Describe any medical conditions that may affect your strength, stamina or performance:
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Are you under the care of a physician for any of the following:	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Cardiac
	<input type="checkbox"/> Pulmonary
Do you require epinephrine for any condition?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

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TRAINING GOALS

What are your SHORT term pistol training goals?

What are your LONG term pistol training goals?

What would you like to focus on the most during your training with us?

COMPETITIVE SHOOTING

Are you a competitive shooter?

Yes

No

If yes, what type of matches do you compete in (IDPA, USPSA, etc.)?

If yes, what is your current ranking/classification?

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ABOUT YOU

Have you previously attended a Rogers Range course?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If you answered yes above, what is your current rating?	Basic	<input type="checkbox"/>
	Intermediate	<input type="checkbox"/>
	Advanced	<input type="checkbox"/>
Do you currently have a valid license to carry a handgun?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Please list any prior firearms training courses you have attended:

What make and model of handgun will you be training with?			
What caliber of handgun will you be training with?			
What type of holster will you be using in class?			
Is your "strong hand" your right or left? (Are you right or left handed?)	Right	<input type="checkbox"/>	
	Left	<input type="checkbox"/>	
Are you cross-eye dominant?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	Not Sure	<input type="checkbox"/>	
Are you using a red dot on your pistol?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Do you have the ability to shoot random targets at multiple distances with both eyes open?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Are you proficient at sight focused shooting?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	Not Sure	<input type="checkbox"/>	
Are you proficient at target focused shooting?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	Not Sure	<input type="checkbox"/>	

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ABOUT YOU

Can you load rounds into your handgun magazine without mechanical assistance?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Are you able to put five consecutive rounds on an 8.5" X 11" sheet of paper at 15 yards utilizing a two handed grip from the standing position?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Are you proficient at shooting a pistol one handed using your strong hand?	Proficient <input type="checkbox"/>
	Moderately <input type="checkbox"/>
	Not At All <input type="checkbox"/>
Are you proficient at shooting a pistol one handed using your support hand?	Proficient <input type="checkbox"/>
	Moderately <input type="checkbox"/>
	Not At All <input type="checkbox"/>
Are you proficient at recognizing and clearing handgun malfunctions / jams?	Proficient <input type="checkbox"/>
	Moderately <input type="checkbox"/>
	Not At All <input type="checkbox"/>
Are you proficient at drawing from the holster, firing your pistol, then safely re-holstering?	Proficient <input type="checkbox"/>
	Moderately <input type="checkbox"/>
	Not At All <input type="checkbox"/>
Have you ever fired your handgun on the move?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Are you proficient at performing emergency/slide-lock reloads?	Proficient <input type="checkbox"/>
	Moderately <input type="checkbox"/>
	Not At All <input type="checkbox"/>
Are you proficient at performing administrative reloads?	Proficient <input type="checkbox"/>
	Moderately <input type="checkbox"/>
	Not At All <input type="checkbox"/>
Have you ever fired your handgun in low-light or no-light conditions?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Have you ever fired your handgun while utilizing a handheld flashlight?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
How often do you dry-fire practice?	Daily <input type="checkbox"/>
	Weekly <input type="checkbox"/>
	Occasionally <input type="checkbox"/>
	Not At All <input type="checkbox"/>
How often do you live-fire practice?	Daily <input type="checkbox"/>
	Weekly <input type="checkbox"/>
	Occasionally <input type="checkbox"/>
	Not At All <input type="checkbox"/>