



STUDENT REGISTRATION

INSTRUCTIONS: Fill out each field completely, and return this registration form to your instructor.

PRINT NAME HOW IT APPEARS ON YOUR DRIVERS LICENSE

Name: _____ Date: _____

Address: _____

City, County & State: _____

Phone #: _____ Date of Birth: _____

E-Mail Address: _____

FOID #: _____ Expires: _____

Type Firearm: _____

Course Dates: _____ Caliber: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Release and Waiver of Liability

The undersigned acknowledges that the reaction to, possession of, and/or use of firearms is potentially dangerous, and involves risk of serious personal injury, death, psychological trauma, and/or other personal and financial liability. The undersigned agrees to assume all risk and waives any and all claims of liability for personal injury, death, psychological trauma, and/or other personal or financial loss.

Print Full Name: _____

Signature: _____

Date: _____

Notes:

Attach copies of FOID and Drivers License



Instructor Intake – First-Time or New Shooter

Class Date: _____ Instructor: _____

Student Name: _____

1. Prior Firearms Exposure

- None
- Handled but never fired
- Fired once or twice
- Air gun / BB / .22 only

2. Physical or Sensory Considerations

- Vision correction (glasses / contacts)
- Hearing sensitivity
- Grip strength or hand injury
- Balance, vertigo, or mobility concerns
- Other: _____

3. Comfort Level

- No concerns
- Nervous about noise
- Nervous about recoil
- Nervous around firearms generally

4. Primary Goal (check one)

- Basic familiarity and safety
- Confidence in handling a handgun
- Preparation for future training
- Home or personal defense understanding

5. Instructor Expectations Acknowledged

- Students understand all safety corrections are immediate
- Students agree to stop and ask questions when unsure
- Instructor Notes / Observations