SHADOW COUNTRY SNIPER SCHOOL

Student Registration Form

Complete every field. Incomplete forms cannot be processed. Return the completed form, with the agency endorsement signed, to the address at the end of this form.

SECTION 1 — COURSE	
Course title	ADVANCED SWAT SNIPER COURSE
Course dates	NOVEMBER 9-13, 2026

SECTION 2 — AGENCY	
Agency name	
Agency address *Street, city, state, ZIP*	
Agency phone	
SWAT leadership point of contact *Rank and name*	
POC phone	
POC email	

SECTION 3 — STUDENT INFORMATION	
Full legal name *Last, First, Middle initial*	
Name as it should appear on the certificate	
Rank or title	
Employee or badge number	
Mailing address *Street, city, state, ZIP*	
Work email *Must be an agency-issued address*	
Preferred email *Optional*	
Cell phone *Must accept text messages for course updates*	
Years on a tactical team	
Years in the precision marksman role	

SECTION 4 — EMERGENCY AND MEDICAL

This information is held by the lead instructor for the duration of the course and is used only in a medical emergency.

Emergency contact name	
Relationship	
Emergency contact phone	
Allergies, medical conditions, or medications *Write "None" if none apply*	
Blood type *Optional*	

SECTION 5 — WEAPON SYSTEM AND DUTY AMMUNITION

Provide this in advance so instructors can build your data book and confirm compatibility with the course of fire.

Rifle make, model, and caliber	
Optic make and model	
Reticle and turret units *MIL or MOA — state both if they differ*	
Duty ammunition *Make, model, and bullet weight*	
Ballistic solver application used	

SECTION 6 — PREREQUISITE VERIFICATION

Check each item. Any unchecked item must be explained in writing to the school before the course start date.

☐ I am a sworn law enforcement officer or military member assigned to, or selected for, a precision marksman position.

☐ I have completed a basic law enforcement or military sniper course, documented in my training record.
N/A if registering for the basic course

☐ I am current on my agency firearms qualification and in good standing with my employing agency.

☐ I am physically able to assume and sustain prone, kneeling, and standing supported positions for extended periods, to carry the required equipment load, and to move on foot over unimproved terrain to an elevated firing position.

Basic sniper course completed *Course name, provider, and completion date* *N/A if registering for the basic course*	

SECTION 7 — STUDENT AFFIRMATION AND ELECTRONIC SIGNATURE

I affirm that the information on this form is true and complete, and that I meet the prerequisite of active law enforcement or military status. I understand that all students are subject to a verification audit, that Shadow Country may contact my employing agency directly to confirm my status and any information on this form, and that falsifying my status or my agency endorsement will result in removal from the course and forfeiture of tuition.

I acknowledge that this is a live-fire course, that a safety violation is grounds for immediate removal from the firing line and from the course, and that I will comply with the range safety plan and all instructor direction at all times.

I understand that my agency must send a letterhead endorsement on my behalf to Registration@shadowcountry.org no later than 30 days before the course start date, and that my seat is at risk if it is not received by that deadline.

I have read and understand the Shadow Country Registration, Cancellation, and Refund Policy. I understand the refund schedule that applies to cancellations, the options for transferring a seat, and that a seat is not confirmed until the registration packet is complete and tuition is paid in full.

I understand that I must sign the Shadow Country Waiver and Release of Liability in person at course check-in, before participating in any live fire. A review copy is provided with this registration packet for my review, and for review by my agency or its legal counsel if required. Declining to sign means I will not be permitted to train, and my seat will be handled under the Registration, Cancellation, and Refund Policy.

I intend the name I type below to be my electronic signature. I agree that it is legally binding on me and carries the same force and effect as my handwritten signature on a paper document.

☐ I have read and understand the Shadow Country Registration, Cancellation, and Refund Policy.

☐ I have reviewed the Shadow Country Waiver and Release of Liability and understand that I must sign it at course check-in in order to participate.

☐ I have read and agree to the statements above, and I adopt my typed name below as my electronic signature.

Electronic signature of student *Type your full legal name*	
Date signed	

SECTION 8 — AGENCY ENDORSEMENT

The student may complete the four fields below. *The endorsement letter itself must be signed and sent by that supervisor.*

A signed endorsement on agency letterhead, completed by the student's supervisor or training authority, must be submitted on the student's behalf to Registration@shadowcountry.org no later than 30 days before the course start date. The endorsement must be signed by a supervisor at the rank of Sergeant or above who has authority over the agency's sniper element. A student whose letterhead endorsement has not been received by that deadline risks removal from the roster.

The letter must confirm that the student is employed by the agency in good standing, is assigned to or selected for a precision marksman position, is current on agency firearms qualification, and is authorized by the agency to attend this course with the weapon system and duty ammunition described in Section 5.

Endorsing supervisor — rank and name	
Title	
Phone	
Email	

SUBMISSION

Seats are assigned in the order that completed registration packets and tuition payments are received.

Questions: Registration@shadowcountry.org