



# Oak Creek Police Department

## Basic Danger Awareness and Self Defense Seminar Application

CLASS WILL BE HELD AT THE OAK CREEK POLICE DEPARTMENT, 301 W. RYAN RD, OAK CREEK, WI.

<b>Date of Seminar: March 18, 2017– 9:00 a.m. – 3:00 p.m.</b> (light lunch will be provided)
<b>Application is required and due by: March 10, 2017</b>
Name: _____
Date of Birth: <i>(must be 17 yrs. old to participate)</i> _____
Address: _____
Phone Number: _____

*Participants will be asked to partake in a portion of this seminar which has a physical self-defense component. Participation in this segment is NOT mandatory and the attendees can work at their own comfort level.*

*Do you have any medical conditions that the instructors need to be aware of? Yes No*

*If yes, please explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Have you had any martial arts or self-defense training? Yes No*

*If yes, please explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*What are your expectations of this course?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Waiver: I hereby acknowledge that I will be participating in a seminar which may include participation in physical activities. By signing this application, I hereby release the City of Oak Creek, the Oak Creek Police Department and their employees, agents and/or designees, from any and all liability for any injuries that I may sustain as a result of my participation in this seminar.***

***Participant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***IF UNDER 18 YRS. OF AGE, A PARENT or GUARDIAN SIGNATURE IS REQUIRED:***

***Parent's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

\*Minimum class size: 15 students. Wear workout clothing and athletic shoes. Must be 17 years of age or older. Class is filled in the order of applications received. Please mail or drop off completed application at the Oak Creek Police Department, 301 W. Ryan Rd, Oak Creek, WI. 53154 or fax/e-mail: Fax: 414-766-6688 to the attention of Kim Bogadi or send to [kbogadi@oakcreekwi.org](mailto:kbogadi@oakcreekwi.org) . For more information call 414-766-7624.  
 Fee: FREE