

Safe 4 Life – Self Defense
Registration Form



Box 299
Bassano Alberta
T0J0B0
(403)641-3788
fcss@bassano.ca

Date: _____

Name: _____

Phone Number: _____

Mailing Address: _____

Town/Province: _____ Postal Code: _____

Emergency Contact: _____ Phone Number: _____

Allergies: _____ Ailments: _____

Participant Signature: _____

Please check program selection

<input type="checkbox"/>	Safe Kids 6-10	\$10
<input type="checkbox"/>	Safe Tweens 11-15	\$10
<input type="checkbox"/>	Safe Teens/ Safe Adults 16+	\$40
<input type="checkbox"/>	Total	

Cash

Cheque – Town of Bassano

E-Transfer- town@bassano.ca

Minor Waiver

I am the parent or guardian of someone under 18 years of age who wishes to attend the Safe 4 Life Self Defense training and I give my consent for them to participate. I understand I am assuming full liability on behalf on the minor individual.

Name: _____

Phone: _____

Relationship: _____

Signature: _____