



## **REGISTRATION FORM**

This document must be forwarded 30 days prior to the course.  
The following form has to be validated and signed in order to register for a course.

### **1. COURSE DETAILS**

Course Name: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Price of Course: \_\_\_\_\_

**Option of a 2 days sight-seeing tour in Israel:**      **Yes**       **No**

### **2. PARTICIPANT DETAILS**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Profession or Company: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

**A deposit of 50% is required from each participant to insure registration.  
Total balance must be cleared 7 days prior the course date.**

### **3. ADDITIONAL DOCUMENTS**

The following documents should be forwarded attached to this registration form:

1. Medical certificate.
2. Official document of no-criminal record.
3. Photocopy of passport.
4. Filled and signed personal questionnaire form.
5. Filled and signed registration form (this document).

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



## **ARTICLES & REGULATIONS OF A COURSE**

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### **1. OBLIGATIONS**

The rules are designed to explain the conditions required to follow in order to participate in a course.

### **1. FEES**

1. The registration to a course is definite only after **Condor** has received all requirements from the participant as stated in the registration form.
2. The participant or his company must pay and clear the total balance 7 days prior the beginning of the course.
3. **Condor** reserves the right to refuse the participation of a student without the need to state and explain reasons.
4. In case of cancellation or absence of the participant, the payment will not be refunded and will serve to cover all expenses undertaken by **Condor**.

### **3. DISCIPLINE**

Participants must abide to good behavior and to the moral requirements of **Condor**. Schedules must be respected and class attendance is mandatory. A participant that will fail to respect these rules will be warned. If this behavior repeats, **Condor** reserves the right to dismiss a participant from a course with no refund.

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**Declaration of personal responsibility and confidentiality will be signed upon initiation of the course.**

I \_\_\_\_\_ understand the rules and regulations of a course and commit myself to respecting them.

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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## **PERSONAL QUESTIONNAIRE**

Course: \_\_\_\_\_ Date: \_\_\_\_\_

### **1. PERSONAL DETAILS**

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

ID No.: \_\_\_\_\_

Passport No.: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Nationalities: \_\_\_\_\_

Citizenship: \_\_\_\_\_

### **2. ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_

Cellular No.: \_\_\_\_\_

Address of Employment: \_\_\_\_\_



**3. EDUCATIONAL BACKGROUND**

<b>Name of Institution</b>	<b>College</b>	<b>High School</b>	<b>University</b>
Years of Study			
Dates			
Diploma			

**4. KNOWLEDGE OF LANGUAGES**

<b>Language</b>	<b>Reading</b>	<b>Writing</b>	<b>Speech</b>

**5. CRIMINAL RECORD**

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**6. SERVICE IN THE ARMY/POLICE OR SECURITY SERVICE**

Date of Incorporation	Date of Discharge	ID Number	Title

**7. PROFESSIONAL COURSES DURING SERVICE**

Date	Name of Course	Duration	Diploma

**8. DO YOU HAVE A PERMIT TO CARRY A WEAPON?**

Yes  No

Type of Weapon: \_\_\_\_\_

Caliber: \_\_\_\_\_

**9. COURSES IN COMBAT SHOOTING**

Date	Name of Course	Duration	Diploma



**10. EXPERIENCE IN MARTIAL ARTS**

Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. SPECIAL COURSES OUTSIDE YOUR COUNTRY**

Name of Course	Country	Duration	Diploma

**12. EMPLOYMENT HISTORY**

Company	Address	Duration	Comments

**13. RECCOMENDATIONS**

Name	Title	Address	Telephone





**17. SPECIFY THE COUNTRY/COUNTRIES AND REASONS**

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**18. CONFIRMATION**

I Hereby: \_\_\_\_\_

Passport No.: \_\_\_\_\_

State and confirm that all the details which are written in this document are true and correct.

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**MEDICAL DETAILS OF PARTICIPANT**

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Blood Group: \_\_\_\_\_

Height: \_\_\_\_\_ cm.

Weight: \_\_\_\_\_ kg.

**IN CASE OF ACCIDENT NOTIFY**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**MEDICAL INSURANCE**

Yes  No

Explain: \_\_\_\_\_

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**ALLERGIES**

Yes  No

Explain: \_\_\_\_\_

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I declare that all details are true and correct.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**DECLARATION OF GOOD HEALTH AND PERSONAL RESPONSIBILITY**

I, \_\_\_\_\_  
born (place) \_\_\_\_\_ date \_\_\_\_\_  
passport no. \_\_\_\_\_ declare that I am physically and  
mentally in good health and capable of participating in a course given by  
“Condor, The Security & Combat Academy”, that will take place on \_\_\_\_\_  
location \_\_\_\_\_

I declare that I have no disabilities, injuries or illnesses that can impede my participation in a course.

With this declaration, I exclude “Condor, The Security & Combat Academy” of any responsibility for any accident or injuries that could happen to me during the course.

I therefore declare that I am responsible for any medical expenses during or after the course.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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