



ARMA Training Student Registration Guidelines

- ✓ Police Officer
 - Must produce official agency identification card
- ✓ Corrections Officer
 - Must produce official agency photo identification card
- ✓ Military Personnel
 - Must produce official military photo identification card
- ✓ Security Personnel
 - Licensed and bonded by the state
- ✓ Martial Artist
 - Must be associated through a registered martial arts school and no criminal record – this is on a case by case situation

Student not covered by one of the categories listed above, must arrive with a letter on official stationery from a police, correctional, military, security or martial arts organization that states that they are employed by that agency as an instructor or needing the training for certification and advancement.



Safety Rules & Waiver Form

Course Name: _____ Date: _____

Full Name: _____

Instructors: _____

Assistant Instructor(s) _____

My signature below certifies that I have **read** and been advised by the **Arma Training** instructor regarding the following safety guidelines and facts pertaining to this course.

Training Safety Rules: (Please initial each line for acknowledgement). I understand/agree/represent that;

- ___ 1. This course is for certified Law Enforcement Officers or appropriate training personnel. I am currently employed as follows: _____
Address: _____
City: _____ State: _____ Zip: _____
Work Telephone: (_____) - _____ Fax: (_____) - _____
Position/Rank: _____
- ___ 2. Treat each other as peers – we're on the same team.
- ___ 3. Ask questions -- "How to" questions.
- ___ 4. No jewelry will be worn during training. [Remove any jewelry you may be wearing **NOW**. Tape all rings and other sharp objects you cannot remove.]
- ___ 5. Mouth guards will be used, as needed, for all dynamic and simulation training and drills.
- ___ 6. Participants are responsible for each other's safety. Watch out for each other.
- ___ 7. Three-officer safety concept -- during each of the simulation training at least one student in each group will act as a safety officer/coach.
- ___ 8. With any type of physical training, the possibility always exists that injury may occur to the undersigned or to other participants.
- ___ 9. A wellness check will be conducted before and after each break and a final fitness check before the class is secured for the day.
- ___ 10. To report all injuries immediately. If something doesn't feel right when you do a certain technique or movement, let the instructors know immediately.
- ___ 11. It is the responsibility of each student and/or participant to cover all open wounds and cuts before the class begins. If a wound or cut occurs during the training session, the student/participant should immediately notify the Primary Instructor, attend to this injury, and bandage it appropriately.
- ___ 12. I am not taking any prescription medication or other drugs and I do not have any preexisting medical conditions, which would hinder or affect my physical ability to participate in this course.
- ___ 13. I have honestly and completely reported any past or current personal injury that I may have which may prohibit me from participating or attending this course to the primary instructor.
- ___ 14. Proper floor dynamics will be strictly enforced -- the training area will be cleared of all unnecessary equipment/clutter.
- ___ 15. When I hear the whistle, I will quickly and safely stop all movement, freeze where I am, and immediately give my attention to the PRIMARY Instructor.
- ___ 16. AT NO TIME: is any student or participant allowed to leave the training area without the permission of the primary instructor.

Training Registration, Safety Rules & Waiver Form

___ 17. Even during defensive tactics, range safety rules as originally developed by Jeff Cooper, will be enforced when firearms are present.

- #1 Treat **EVERY FIREARM** as if it was loaded.
- #2 **ALWAYS** points the muzzle in a safe direction.
- #3 Keep your finger **OFF THE TRIGGER** and **OUT OF THE TRIGGER GUARD** unless you intend to shoot.
- #4 Know your target, back stop, and beyond.

NOTE: Functional firearms may be brought into the training area only with the primary instructor's permission. There are to be no magazines in semiautomatic and/or automatic weapons. Live ammunition is **"NEVER" to be brought into the training area.** The IALEFI Safety and Training Guidelines for Simulation Exercises will be utilized. Every time anyone enters the secured area, she/he must be searched for inappropriate ammunition 3 times:

1. by himself/herself. 2. by partner or fellow student. 3. by a safety officer

___ 18. Training equipment or gear shall not be handled without the primary instructor's permission. **This includes a student's and/or participant's own personal, equipment or gear.**

___ 19. Knives and other weaponry are **not allowed in the training area** without the primary instructor's permission. This includes live chemical aerosols and/or any type of electrical devices.

___ 20. Horseplay will not be tolerated. [If I am involved in horseplay at any time during this course, I may be asked to leave the class as a result, **without a refund**].

___ 21. **NO PERSONS WILL PARTICIPATE IN TRAINING WITH A BLOOD ALCOHOL CONTENT IN EXCESS OF .00% BY WEIGHT OR UNDER THE INFLUENCE OF DRUGS OR MEDICATION THAT WOULD IMPAIR THEIR MOTOR SKILLS, JUDGEMENT OR BALANCE.** [If I am suspected of being under the influence of drugs or have an odor of alcohol on my persons at any time during this training, I may be asked to leave the class as a result, **without a refund**].

I, the undersigned, have read the training safety rules and they have been explained to me. My initials are placed in the designated spaces confirming that I understand and agree to adhere to these rules. ARMA Training programs impart suggestions and options for the tactical use of the products it manufactures and the training it provides; ARMA Training does not dictate policies or procedures. Each department is responsible for developing its own SOP for the situations and the products presented.

I hereby authorizes ARMA Training to record my picture and voice on photographs, films and tapes, and to edit these recordings at its discretion, and to incorporate these recordings and their content into movie and sound film or tape broadcasts (radio and television) programs, print, advertising, or otherwise, and to use and license others to use such recordings, movie and sound films and tapes, print advertising, sales promotions and marketing materials; and to use my name likeness, voice, and biographic or other information in connection therewith, and permission to release my email address to ARMA Training partners and associates for mailing and other marketing advertisements. I am confirming and agree that I have read and understood the contents hereof and that I have the right and authority to execute the release, assumption of risk and indemnification.

Print Name

Signature

RELEASE FROM LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1) INTENDING THAT THIS AGREEMENT BE LEGALLY BINDING ON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, I HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE VERBAL DEFENSE & INFLUENCE AND ALL OF THEIR AGENTS, REPRESENTATIVES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, OR AN FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS, AND CAUSES OF ACTION OF WHATSOEVER KIND AND NATURE, ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN PHYSICAL AND MENTAL INJURIES AND CONSEQUENCES THERE OF, SUFFERED BY ME DURING ANY AND ALL TRAINING ACTIVITIES HELD AT THE

(LOCATION)

TRAINING PROGRAM HELD DURING

(DATE)

2) IN SIGNING THIS RELEASE, I ASSERT THAT (A) I'M PRESENTLY IN GOOD PHYSICAL AND MENTAL HEALTH; (B) I HAVE NO REASON TO BELIEVE THAT I'M NOT IN GOOD PHYSICAL AND MENTAL HEALTH; (C) I'M FULLY AWARE OF, AND DO ACKNOWLEDGE AND ASSUME ALL RISK OF INJURY INHERENT IN MY PARTICIPATION IN THIS TRAINING SEMINAR; (D) I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT.

DATE

SIGNED



Physical/Medical History

Name: _____

Date: _____

1. Date of most recent full medical examination: _____

2. Are you "fit for duty" - without restrictions? Yes _____ No _____

If no, please describe: _____

3. Have you ever been injured in the line of duty or off-duty? Yes _____ No _____ if yes, describe

4. Do you have any current medical conditions (females please include pregnancy) or chronic health problems for which you are currently being treated? Yes _____ No _____ if yes describe: _____

5. Are you currently using any prescription drugs? Yes _____ No _____ If yes, please describe:

6. Do you have: Any known allergies? Yes ___ No ___

Difficulty breathing? Yes ___ No ___

High blood pressure? Yes ___ No ___

Diabetes? Yes ___ No ___

If yes, please describe: _____

7. Which of the following activities, do you **regularly** participate in?

(Check appropriate boxes)

- | | | | |
|-----------------------|--------------------------|----------------|--------------------------|
| Karate (full contact) | <input type="checkbox"/> | Baseball | <input type="checkbox"/> |
| Karate (sport) | <input type="checkbox"/> | Basketball | <input type="checkbox"/> |
| Karate (traditional) | <input type="checkbox"/> | Weight lifting | <input type="checkbox"/> |
| Stick fighting | <input type="checkbox"/> | Aerobics | <input type="checkbox"/> |
| Knife fighting | <input type="checkbox"/> | Football | <input type="checkbox"/> |
| Boxing | <input type="checkbox"/> | Jogging | <input type="checkbox"/> |
| Judo | <input type="checkbox"/> | Swimming | <input type="checkbox"/> |
| Wrestling | <input type="checkbox"/> | Bicycling | <input type="checkbox"/> |
| Shoot fighting | <input type="checkbox"/> | Volleyball | <input type="checkbox"/> |
| Rugby | <input type="checkbox"/> | Soccer | <input type="checkbox"/> |
| Other Martial arts | <input type="checkbox"/> | other sport | <input type="checkbox"/> |

Describe: _____

8. How frequently do you work out? _____

9. How would you describe your current fitness level? Check one.

Excellent _____ Good _____ Fair _____ Poor _____ Very poor _____

10. Do you "warm up" and "cool down" as a part of you work outs?

Yes _____ No _____ If yes, please describe:

My signature below confirms that I am fit for duty, and do not have current conditions that will prohibit me in actively participating in this course.

Print Name

Signature



Participant Requirement Acknowledgement Form

The purpose of this form is to outline and define the guidelines for students attending this program, to provide a general set of boundaries as to what is expected of each student, and to establish acceptable classroom behavior.

Each student:

1. Is required to attend class on time as designated by instructor.
2. Is expected have an open mind and display a positive attitude.
3. Must maintain a minimum of 90% total class attendance – missed classroom material must be made up to successfully complete the class.
4. Is expected to actively participate in classroom discussions and other classroom activities.
5. Must comply with all training safety rules.
6. Must sign the daily student attendance sheet in the morning and place their initials in the afternoon.
7. Must not leave the area without notifying the Primary Instructor.
8. Must contact Primary Instructor if the student is going to miss any portion of the class and make arrangements to up the material in order to successfully complete the class.
9. If any practical exercise is not successfully completed by a student and the missed portion cannot be made up before the class is completed, the student will have to repeat the class in order to receive their certification.
10. Is responsible for all their personal and professional gear they bring into the classroom.
11. Will not bring any live firearms, chemical aerosols, electrical devices, knives, etc. into the classroom, unless designated by the Primary Instructor.
12. Is responsible for all gear issued to them during the class and will return the equipment as required.
13. Is responsible for keeping the training area and specifically their areas neat and free of trash.
14. Must take any written test and obtain at least an 80% score.
15. Must complete and turn in the final classroom evaluation form.

Print Name: _____ Date: _____ Signature: _____



BLOOD PRESSURE PRE-TEST FORM

DATE/TIME: _____

OFFICER'S NAME _____

BLOOD PRESSURE _____

NURSE'S SIGNATURE _____

NURSE'S PRINTED NAME _____

NURSE'S TELEPHONE _____
(WORK NUMBER)

NOTE: THANK YOU FOR ASSISTING THIS OFFICER WITH A BLOOD PRESSURE TRAINING PRE-TEST TO INSURE THAT HIS/HER BLOOD PRESSURE FALLS WITHIN ESTABLISHED GUIDELINES.

THE HEALTH WELLNESS EVALUATION'S PROTOCOL ALLOWS FOR A BLOOD PRESSURE OF NO HIGHER THAN 140 / 90.

IF THE OFFICER DOESN'T MEET THE ESTABLISH STANDARD, PLEASE ALLOW THE OFFICER TO RELAX A SHORT TIME BEFORE TAKING IT AGAIN, TRY THE OTHER ARM, OR PERHAPS IN THE CASE OF BIGGER OFFICERS TRY A LARGER BLOOD PRESSURE CUFF. AGAIN, THANK YOU FOR YOUR ASSISTANCE.

IF THE OFFICERS BLOOD PRESSURE IS STILL ABOVE THE **140 / 90** STANDARD, THE OFFICER MUST SEE HIS/HER DOCTOR, IN ORDER TO GET A WRITTEN MEDICAL WAIVER TO PARTICIPATE IS STRENUOUS PHYSICAL ACTIVITY BEFORE THE TRAINING BEGINS.

Instructor Signature

Student Signature



Failure to Respond to Training Sheet

Name: _____

Date: _____

SSN: _____

Instructor: _____

Course Title: _____

Location: _____

This form is to document the performance of a student in a specific motor skill or written examination. It is to identify the areas of concerns where the student is failing to response to training in a specific area and note the performance and needed improvement on tasks that were met unsatisfactorily.

1. Student failed to complete: _____

2. Student Comments: _____

3. Recommended action: _____

Instructor Signature

Student Signature

ARMA Training Injury/Illness Incident Report Form

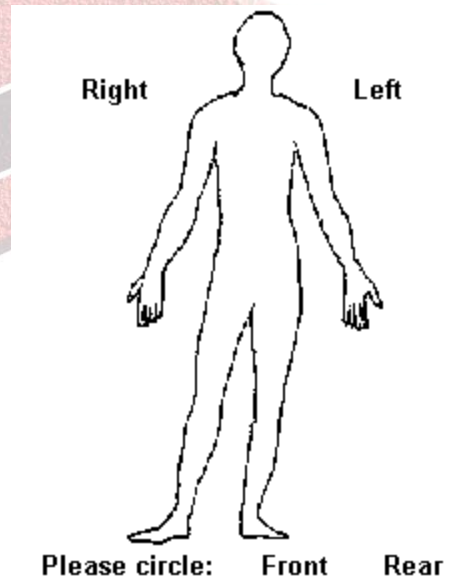
Personal Information: To be completed with supervisor or other designated personnel.				
Date of Accident:	Time of Accident:	Shift:	Day of Week (circle one): M T W Th F Sa S	Date Reported:
Employee/Visitor/Student Name: (please circle appropriate)		People Soft ID:	Home Phone:	
Home Address:		City:	State/Zip Code:	
Position:		Dept/Location of Accident:		
Date of Hire: (if applicable)		Date of Birth:	Length of Service on Job Causing Injury (if applicable):	
Supervisor, Instructor or ARMA Contact Person:			Campus Location: <input type="checkbox"/> Antigo <input type="checkbox"/> Medford <input type="checkbox"/> Phillips <input type="checkbox"/> Spencer <input type="checkbox"/> Wittenberg <input type="checkbox"/> Wausau <input type="checkbox"/> _____ (other)	
Witness(es):				

Incident Information: To be completed by individual with Supervisor, Contact Person, Safety Manager or People Services Representative.

Nature of Injury:

Description of Accident by employee/student/visitor: (circle appropriate)

Is the individual planning to visit the doctor? Yes No If so, what doctor (Name, hospital, and phone number)?



"I certify that the statements made on this form are true and accurate and I understand that the declaration of a false Worker's Compensation Claim is a violation of company policy and can lead up to and including discharge."

Employee/Student/Visitor Signature: _____ Date: _____

Witness Statement _____

Witness Signature: _____ Date: _____

Repetitive Motion/ Material Handling Incident: Skip to next section if perceived causation of injury does not involve repetitive motion/material handling.
Indicate the frequency, weight and duration that the repetitive motion/ material handling task(s) is(are) performed:

Incident Causation Analysis: Describe hazards, unsafe condition(s), act(s), underlying cause(s), and/or failure(s). Attach any necessary documents (reports, digital pictures, etc.)

Corrective Action: List several corrective actions, note actions requiring approval of management, a date of completion for corrections and the individual responsible for approval or implementation of corrections.		
Corrective Action	Completion Date	Responsibility or Approval

Investigated by: (ARMA Instructor)	Date:
Reviewed by: (Dave Young)	Date: