

CHRISTIAN DEFENSE SOLUTION

COURSE REGISTRATION & STUDENT RECORD

Student and course information

Use this form to request enrollment and support CDS course recordkeeping. Downloading or submitting it does not reserve a seat. Registration is confirmed only by CDS or the applicable training provider.

COURSE INFORMATION

Course title

Course date

Start / end time

Training location

Instructor

Program / curriculum

☐ USCCA

☐ HSI

☐ AVIRT

☐ CDS

☐ Other

Training format

☐ Classroom

☐ Range / live fire

☐ Practical / scenario

☐ Online / blended

STUDENT INFORMATION

Legal name (as it should appear on roster or certificate)

Preferred name

Mailing address

City

State

ZIP code

Age status

☐ 18+

☐ Minor

Primary phone

Email

Emergency contact name (optional unless required by the course)

Relationship

Phone

EXPERIENCE AND COURSE REQUIREMENTS

Experience level related to this course

☐ First course

☐ Some prior training

☐ Regular / experienced participant

Relevant permit, certification, or prerequisite (if required)

Equipment or course materials the student was instructed to bring

ACCESSIBILITY OR ACCOMMODATION: Contact CDS privately before the course if an accommodation may be needed. Do not place diagnoses or detailed medical information on this form. Course safety requirements still apply.

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Acknowledgment and CDS course file

REGISTRATION PATH AND ADMINISTRATIVE STATUS

Registration received through

☐ CDS directly ☐ USCCA registration ☐ HSI roster / registration ☐ Group / client

Enrollment status

☐ Pending ☐ Confirmed ☐ Waitlist ☐ Cancelled ☐ Transferred

Provider roster / class ID

Fee

Amount paid

Balance

Administrative checklist

☐ Provider roster completed ☐ Payment verified ☐ Required forms received ☐ Prerequisites

STUDENT ACKNOWLEDGMENT

- ☐ I certify that the information I provided on this registration form is accurate to the best of my knowledge.
- ☐ I understand that downloading, completing, or submitting this form does not by itself reserve a seat or confirm enrollment.
- ☐ I agree to follow instructor directions, course safety rules, facility requirements, and lawful standards of conduct.
- ☐ I will notify the instructor privately before participation if I have a limitation or concern that may affect safe participation.
- ☐ I understand that provider enrollment, waivers, releases, prerequisites, payment, identification, or separate forms may also be required.
- ☐ I understand that completing a course does not guarantee a license, permit, certification, legal outcome, or level of competence beyond the course standard.

Student signature

Date

Parent / guardian signature (if required)

Date

COURSE COMPLETION AND CDS FILE RECORD - CDS USE ONLY

☐ Attended ☐ Completed ☐ Did not complete ☐ No-show ☐ Cancelled

Certificate / credential number

Issue date

Final score / result (if applicable)

Instructor notes / equipment issued and returned / follow-up

Record received / reviewed by

Date

File reference

RECORDKEEPING NOTE: This CDS form supports registration and course-file documentation. Keep it with applicable provider rosters, waivers, skills sheets, attendance records, payment documentation, and certificates according to CDS policy and applicable requirements.