

## Code Blue Tactics Community Outreach Program Application

Thank you for your interest in joining the Code Blue Tactics Community Outreach Program. This program is designed to empower youth through physical fitness, self-defense, and de-escalation training while encouraging positive life choices and potential career paths in law enforcement and community leadership. Please fill out the form below.

### Applicant Information

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Email Address: \_\_\_\_\_

### Personal Background

1. Do you have any previous self-defense or martial arts experience?  
 Yes (Please specify): \_\_\_\_\_  
 No
2. Why are you interested in joining Code Blue Tactics?  
\_\_\_\_\_  
\_\_\_\_\_
3. What are your life goals?  
\_\_\_\_\_  
\_\_\_\_\_
4. Are you interested in pursuing a career in law enforcement, security, or community leadership?  
 Yes (Please specify): \_\_\_\_\_  
 No
5. Do you have any medical conditions, injuries, or special accommodations we should be aware of?

Yes (Please specify): \_\_\_\_\_

No

### Emergency Contact Information

1. Name: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

### Waiver and Release of Liability

By signing this form, I, the undersigned, understand and agree to the following:

- I voluntarily participate in the Code Blue Tactics Community Outreach Program and understand the risks associated with physical activity, including injury.
- I agree to follow all safety guidelines and instructions provided by program leaders.
- I release and hold harmless Code Blue Tactics, its instructors, and affiliated organizations from any liability for personal injury, property damage, or other claims resulting from my participation.
- I grant permission for photos or videos taken during the program to be used for promotional purposes (optional):

I agree    I do not agree

Signature of Participant (if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_