DEFENSIVE TACTICS FIELD INSTRUCTOR COURSE
40 HOURS
JULY 29-AUG 2, 2019 in Castle Rock, WA

THIS COURSE WILL COVER:
- LAW ENFORCEMENT USE OF FORCE
- THE ETHICS OF DEFENSIVE TACTICS INSTRUCTION
- MOTOR LEARNING AND PERFORMANCE
- CONTROL AND DEFENSIVE TACTICS

The cost for this course will be $200.00.

Students must come to the course with:
- Mat shoes
- Gunbelt w/ handcuffs or training cuffs
- Mouthpiece
- Groin protection
- Book: Sport Skill Instruction for Coaches (Human Kinetics)
- Personal bag gloves or MMA style gloves are recommended but not required.

TO ATTEND, YOU MUST:
- BE A CURRENTLY EMPLOYED LAW ENFORCEMENT OR CORRECTIONS OFFICER
- RETURN THE ATTACHED REGISTRATION FORM VIA MAIL, EMAIL OR FAX TO OFC. JEFF GANN (SEE BELOW) PRIOR TO Friday, July 12, 2019.

TO REGISTER or for further information, CONTACT:
Castle Rock Police Department
PO BOX 475
Castle Rock, WA 98611
ATTN: Ofc. Jeff Gann
(360)749-5159(cell)
(360)274-4711 Ext. 504
jgann@crpolice.org
FAX: (360)274-4318

REGISTRATIONS ARE DUE BY Friday JULY 12, 2019 at 1700 HOURS
DEFENSIVE TACTICS FIELD INSTRUCTOR COURSE
REGISTRATION FORM
COURSE DATES: JULY 29, 2019-AUGUST 2, 2019
TIME: 0800-1700 HOURS DAILY
COURSE LOCATION: CASTLE ROCK, WA

NAME: ____________________________
AGENCY: ___________________________
MAILING ADDRESS:

__________________________________________________________

CITY: ___________________ ST: ______ ZIP: __________
EMAIL: __________________ PHONE: ____________________ CELL:

TRAINING COORDINATOR:

______________________________________________
EMAIL: __________________ PHONE: ________________

I AM A: __POLICE OFFICER  __ CORRECTIONS OFFICER
COURSE FEE: $200.00
PAYMENT METHOD: CHECK/CASH PAYABLE AT THE TIME OF
REGISTRATION OR AT THE TIME OF ARRIVAL FOR CLASS (WE CANNOT
CURRENTLY ACCEPT CREDIT CARD PAYMENTS). *No-shows and
cancellations with less than 7 days notification will be responsible for the entire class
registration fee.
CHECKS SHOULD BE MADE PAYABLE TO THE CASTLE ROCK POLICE
DEPARTMENT
*By signing below, I certify, to the best of my knowledge, that I am in good physical
health with no known conditions that would prohibit strenuous physical activity. I also
agree to release The City of Castle Rock, The Castle Rock Police Department, as well as
it’s instructors and staff from any liability for injury or illness which may occur while
participating in this training course.

_________________________________ ______________________
PRINT NAME     DATE

_____________________________________________
SIGNATURE

PLEASE REMIT REGISTRATION FORM AND PAYMENT TO:
CASTLE ROCK POLICE DEPARTMENT
PO BOX 475
CASTLE ROCK, WA 98611
ATTN: OFC. JEFF GANN