

# Tracker School

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registration@trackerschool.com

## CLASS APPLICATION

(Please allow two weeks for processing)

Class Name \_\_\_\_\_ Class Date \_\_\_\_\_

Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone/Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

**(Please write neatly! Your Confirmation & Equipment List will be e-mailed to this address.)**

Occupation \_\_\_\_\_ Male / Female Single / Married

Date of Birth (MMDDYY) \_\_\_\_\_ (you must be 18 or over to attend Tracker classes)

How did you learn about the Tracker School? \_\_\_\_\_

Were you referred by another Tracker student? If yes, who? \_\_\_\_\_

Why do you want to attend this class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTH AND EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you carry an Epi-Pen? **Y or N** (If Y, Explain \_\_\_\_\_)

Pertinent Medical Conditions or Medications: \_\_\_\_\_

\_\_\_\_\_

Please Choose One: **Meat Eater** **Vegetarian** **Vegan** **Other:** \_\_\_\_\_

If you have medical insurance, please bring that information with you to class

(PLEASE COMPLETE OTHER SIDE)

**DEPOSIT PAYMENT INFORMATION**

A non-refundable deposit of **\$300 per class (\$400 per Commitment Class)** is required to reserve your space. Please indicate your payment method:

Check/Money Order Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Gift Certificate/Voucher Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date (MMYY) \_\_\_\_\_

Card Verification Code \_\_\_\_\_ Visa, M/C, Discover — 3-digit code on signature strip on back of card  
Amex — 4 digit non-embossed code on front of card

Credit Card Billing Address \_\_\_\_\_  
\_\_\_\_\_

Name on Card \_\_\_\_\_

**Amount to Charge today** (please circle one)

**Deposit amounts only** (\$300 per class/\$400 per commitment Class) **or** **Full class payments**  
(If applying within two weeks of class start date full payment amount will automatically be charged.)

**Charge balance remaining** to this card two weeks prior to the first day of class (or sign up for commitment class payment plan)?

**YES**  **NO** (if **NO**, alternate payment *must* be received two weeks prior to start date (for classes) if registering for a commitment class, you are responsible for your monthly payments to be on time.)

Signature (Credit card only): \_\_\_\_\_

I certify that I have read the Tracker School Registration Policy and agree to the terms set forth in that policy

(Policy available at [http://www.trackerschool.com/cancellation\\_policy.asp](http://www.trackerschool.com/cancellation_policy.asp). For a printed copy please contact our office.)

**RELEASE WAIVER:**

You must sign an original copy of waiver to be admitted to class.

In all classes, demonstrations and excursions conducted by TOM BROWN JR., THE TRACKER, INC., and it's STAFF, and CENTENARY COLLEGE, (hereinafter, THE TRACKER, INC. & C.C.), reasonable care is taken to prevent serious injuries and to minimize accidents. The PARTICIPANT states that he/she is fully aware that survival, tracking, awareness, and philosophy training, even under the safest conditions possible, may be dangerous, and the PARTICIPANT hereby agrees to knowingly and voluntarily accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to his/her person and/or property. The PARTICIPANT agrees to obey the rules and regulations set down by THE TRACKER, INC. & C.C. in order to minimize these risks.

The PARTICIPANT knowingly, voluntarily, and irrevocably waives any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by THE TRACKER, INC. & C.C. as a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations of said survival, tracking, awareness, and philosophy training. The PARTICIPANT certifies that he/she is physically capable to participate in the said survival, tracking, awareness, and philosophy training program despite the rigors and dangers inherent in such an undertaking. The PARTICIPANT accepts all responsibility for any injury, death, and/or loss to his/her person or property, including by acts of god, for the rigors and dangers inherent in this undertaking. THE PARTICIPANT ACKNOWLEDGES THAT THE USE OF VIDEO RECORDERS ARE PROHIBITED. The PARTICIPANT releases to THE TRACKER, INC. & C.C. rights to use any photograph, video and or audio recording taken while participating in said survival, tracking, awareness, and philosophy training, to be used as deemed by THE TRACKER, INC. & C.C., including advertising. Prices and policies are subject to change without notice.

I have read Tracker Registration Policy and I acknowledge that I understand and agree to terms as outlined.

**MY SIGNATURE BELOW INDICATES MY ACCEPTANCE OF THESE TERMS and my desire to participate in THE TRACKER school.**

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