

Department of Fish and Game Hunter Safety Course

Registration Form

Student taking course _____

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Mailing address if different _____

Telephone _____ Other Telephone _____

Social Security # _____

Parent of student under age 18 if not accompanied by an adult

Name of parent/gardian _____ DOB _____

Address _____

City _____ State _____ Zip _____

Mailing address if different _____

Telephone _____ Other Telephone _____

Social Security # _____

Parent must attend first class to sign release form for student under age 18.

STANISLAUS COUNTY SHERIFF'S DEPARTMENT

Have you ever been convicted of a felony? Yes ___ No ___
If yes, when? _____

Have you ever been convicted of Domestic Violence? Yes ___ No ___
If yes, when? _____

Do you have a current restraining order against you stating you may not possess
firearms? Yes ___ No ___
If yes, when? _____

Have you ever been hospitalized for a mental illness? Yes ___ No ___
If yes, when? _____

Do you have any physical or mental disabilities? Yes ___ No ___
If yes, what? _____

Signature of student _____ Date _____

Signature of parent _____ Date _____

Please Mail or Bring this Registration Form and Course Fee to the:

**STANISLAUS COUNTY SHERIFF'S DEPARTMENT
Attn: PSO Desk
250 E. Hackett Road
Modesto, CA. 95358**