



**BRAZORIA COUNTY SHERIFF'S OFFICE TRAINING DIVISION**  
**COURSE PRE-REGISTRATION**

Name: \_\_\_\_\_ Title / Rank \_\_\_\_\_

TCLEOSE PID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Agency \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  Business  
 Personal

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Ph: \_\_\_\_\_  Home  
 Cell

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Requested Course(s)	Date	Time
1. _____	_____ / _____ / _____	_____
2. _____	_____ / _____ / _____	_____

**3 WAYS TO REGISTER**

1. Fax Form: 979-864-2316
  2. Mail Form: BCSO, 3602 CR 45, Angleton, TX 77515
  3. Email Form: [brandyc@brazoria-county.com](mailto:brandyc@brazoria-county.com); [aaronk@brazoria-county.com](mailto:aaronk@brazoria-county.com)
- Please make all checks payable to BCSO Training Division Method of Payment: Cash Check Money Order (exact amount)*
- Course fees are \$20 per day of instruction**
- PRE-PAYMENT IS NOT REQUIRED TO REGISTER**

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**WAVIER OF LIABILITY AND CERTIFICATION OF INSURANCE PROTECTION**

The city, county or agency of \_\_\_\_\_, Texas, hereby releases, absolves and Forever holds harmless, the Brazoria County Sheriff's Office, its Training Division and their agents, officials and employees from any and all liability for death, injury, or accident occurring or inflicted upon the above named individual(s) while said individual(s) is attending or participating in any training exercise or instruction conducted by the said training division.

The city, county, or agency of \_\_\_\_\_, further certifies the above named individual is covered by insurance or other protection for any death, injury, or accident occurring or inflicted upon him/her while said individual is attending or participating in any training exercise or instruction conducted by the Brazoria County Sheriff's Office.

\_\_\_\_\_  
**Applicant / Authorized Signature** **Title**

**\*BCSO Employees only-This is a pre-registration form only. You must fill out additional BCSO Request for training time pay form, if you are seeking paid training.** *I understand enrollment in the above requires cancellation 24 hours prior to class-time if I, the student, am unable to attend. Course fees will still apply if 24 hour cancellation notice is not made. I also understand I have to register at least 48 hours prior to the start of the class. (Cancellation call Deputy Chambers @ Ext. 2300 Deputy Kapsar@ext2344)*