## **Notta Mercer County1101Notta Mercer County1101MERCER COUNTY POLICE ACADEMY**

**WILL**

#### BE HOSTING:

DEFENSIVE TACTICS INSTRUCTOR COURSE

***Course Description****:* The Defensive Tactics Instructor Course is an 80-hour course conducted over ten days. The course is designed to prepare law enforcement officers to implement and teach a defensive tactics program in their agencies or in a police academy. It is a prerequisite for certification by the Police Training Commission as a Defensive Tactics Instructor. The Course requires participation in practical exercises as well as classroom instruction on related topics. **Class size is limited (18).**

**Required Equipment - Appropriate exercise clothing should be worn to class and each student will need to provide the following: Mixed Martial Arts (MMA) Gloves; Mouthpiece; Protective Head Gear; Mat shoes/wresting shoes are preferred but not mandated or Grappling Socks.**

NOTE: EACH STUDENT MUST HAVE A MEDICAL CLEARANCE FORM, PROVIDED IN SEPARATE LINK, SIGNED AND SUBMITTED PRIOR TO THE 1ST DAY OF TRAINING per the Police Training Commission. Also, this is a physically demanding course requiring attendees to fully participate in live full-contact training and light sparing.

# **Date:** **June 17- 28, 2024 Time: 7:00 am – 3:00 pm**

**Fee:** No Fee- Mercer County Agencies $50.00- Out of County Agencies

**Checks or Purchase Orders payable to : Mercer County Police Academy Trenton, NJ**

# **Instructor(s):** Mercer County Police Academy Staff

**Location:** **Matakas Jiu Jitsu**

2043 US 130

Florence, NJ 08016

**Register:** Complete this registration form and Email to **BOTH**:

[kweeden@mercercounty.org](mailto:kweeden@mercercounty.org) or

[rmastroianni@mercercounty.org](mailto:rmastroianni@mercercounty.org)

\*\*\*Please note you will not be registered for this course **UNLESS** you receive a confirmation email from academy staff

**Please print clearly or type below.** (Make copies of this form for additional students)

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RANK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chief or Designee) (Date)