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North Side Karate
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sensei@northsidekarate.com

Waiver Form

Date: _____

Student Name: _____ Age: _____ DOB: _____

Student Name: _____ Age: _____ DOB: _____

Student Name: _____ Age: _____ DOB: _____

Address: _____ City, State, Zip _____

Hm # _____ - _____ - _____

Mother's Name: _____ Cell # _____ - _____ - _____

Father's Name: _____ Cell # _____ - _____ - _____

Mother's E-Mail: _____ Father's E-mail: _____

TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name: _____ Ph # _____ - _____ - _____ Relationship: _____

Name: _____ Ph # _____ - _____ - _____ Relationship: _____

I do undersigned, do hereby voluntarily submit for participation in the NorthSide Karate School under the leadership of Sensei D. E. Chambers and hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any while attending or participating. I waive all claims against owners, operators, and instructors, of NorthSide Karate individually or otherwise, for any claims or injuries that I may sustain. I further understand that I am entering the Martial Arts School at my own risk and that any medical treatment given to me will be the first aid treatment only. I declare that I am free of any physical defector illness, which might prohibit participation. If a student is under the age of 18 years of age this release and consent is to be signed by a parent or guardian. I further agree to abide by the rules of the NorthSide Karate School. I certify that the above information is correct and accurate to the best of my knowledge. The staff of NorthSide Karate reserves the right to refuse entry to anyone.

Student Signature: _____ Date: _____

***If under 18 will require a parent or guardians authorization**