



## NORTH SIDE KARATE

1100 GREENS PARKWAY, SUITE 480  
HOUSTON, TEXAS 77067  
(832) 969-5584

NSK100-3, Rev. 2  
Revised 1/3/2011

# Waiver Form

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

I do undersigned, do hereby voluntarily submit for participation in the North Side 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 North Side 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 defect or 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 North Side Karate School. I certify that the above information is correct and accurate to the best of my knowledge. The staff of North Side Karate reserves the right to refuse entry to anyone.

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

**\* If under the age of 18, a parent or guardian signature/authorization is required.**

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

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

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_