



CYPRESS WARRIORS MARTIAL ARTS STUDENT REGISTRATION FORM

PLEASE PRINT

FIRST NAME

LAST NAME

STUDENTS NAME _____ AGE _____

PHONE _____ NEW STUDENT _____ RETURNING STUDENT _____ BELT COLOR _____

EMAIL ADDRESS (PRINT CLEARLY) _____

LIABILITY RELEASE: I hereby release the Community Center, All Instructors, Employees, and
Volunteers from All Responsibility in Case of An Accident.

PARENT OR GUARDIAN'S NAME (PRINT) _____

PARENT OR GUARDIAN'S SIGNATURE _____

CONTACT: (281) 788-9571

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